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ORIGINAL PAPERS

RE-EVALUATION OF THE RÔLE OF THE OEDIPUS COMPLEX[1]

By JEANNE LAMPL-DE GROOT, AMSTERDAM

Introduction

During recent decades psycho-analytic research work has yielded a series of experiences regarding the development of the child in the first years of life. The significance of an undisturbed course of the pre-oedipal phase has been demonstrated by direct observations on children. Disturbances in the first mother-child relationship (which is based upon the biological mother-child entity) result in physical and psychical departures from normal, ranging from slight neurotic fears to grave inhibitions in instinctual, emotional, and ego development, to paucity of affect, pseudo-debility, etc.

Study of the genesis of neurotic and developmental disturbances during analytical treatment has likewise shown, more and more clearly, that fixation-points in the pre-oedipal phase, or regressions towards this developmental period, are responsible for the various symptoms or character-anomalies or at least play a very important rôle in their genesis.

Such observations justify the question how we, equipped with our present knowledge, must evaluate the rôle of the Oedipus complex. In the initial period of psycho-analysis Freud defined the Oedipus complex (the 'fateful' love-attachment to the parent of the other sex and the hostile rivalry with the parent of the same sex in the phallic phase) as the central point of the healthy or of the neurotic development, as the example for adult love-life, both in the normal and in the abnormal. Freud's view was soon extended to cover the reverse feelings in the parents, which also belong to the Oedipus situation. The concept of the Oedipus complex had to include the negative Oedipus constellation.

Can we still agree with this concept? Or does the stress at the present moment lie upon the pre-oedipal attachment to the mother in the anal or oral developmental phases? The Oedipus complex does undoubtedly develop from the early attachment to the mother. We also know that each subsequent stage contains residues from earlier stages, that subsequent stages overlap, and that the 'archaic' is elementary and powerful. On the other hand: what is the *Schicksalshafte* (fatefulness) by which Freud was struck at so early a date?

In order to answer these questions we propose

(i) to consult our clinical material, obtained during the analytic process; and

(ii) to avail ourselves of the new theoretical insights regarding this problem.

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(i) *Material supplied by the study of the analytic process*

Although all persons go through identical developmental stages prior to attaining the capacity of becoming adult, stabilized personalities, we know from our experience how different a course the process of growing up may take in different individuals. Two large groups of factors are responsible for this:

(1) Environmental influences;

(2) The dispositional factors which determine the possibilities and limitations of the

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[1] With this paper Dr. Jeanne Lampl-de Groot opened the Symposium 'Re-evaluation of the Rôle of the Oedipus Complex' at the 17th Psycho-Analytical Congress, Amsterdam, August 5–9, 1951. The paper was followed by papers, read by Dr. H. A. van der Sterren (this issue, pp. 343–350), Dr. Paula Heimann (pp. 84–92) and Dr. Maxwell Gitelson, opener of the discussion (pp. 351–354).

complicated structure of adult personalities.

Psycho-analysis has pointed out from the very beginning how important are the attitude of the environment and the environmental factors for the child's development. The environment is supplied at first by the mother, who is herself likewise a product of her own environment. The influence of the family as a whole is soon added, and of its social conditions which are in themselves likewise dependent upon position, status, group relations, economic situation, national and racial peculiarities, etc. In the first phase of an analysis, these factors as well as the specific peculiarities and capacities of the individual himself come to the fore. They give the analyst an unforgettable impression of the variegation of the individual paths of life (*Lebensschicksäle*). Strangely enough, it is nevertheless possible to observe a more or less typical course in the analytical process. The general human problems begin to manifest themselves. This applies to the gravely neurotic patient who is presenting his unsolved conflicts, as well as to the approximately ' healthy ' analysand, who wishes to become acquainted with the special form and structure of his own personality. While endeavouring to bring to the fore some points of this typical course of the analytical process, we wish to point out with emphasis that, naturally, deviations from it may occur, and that they are not exceptional. *In psychic processes no rigid schematization is ever possible.*

The typical course of events is to be observed most clearly in analyses of children in the latency period. At this time of life the core of the personality has already been formed; the superstructure, however, is less complicated than it is in adults, the environment being still limited for the most part to family and school. A ' typical ' child analysis brings to the fore first the rivalizing attachment to the siblings; next, the phallic phase and the typical emotional relationship with the parents from the oedipal constellation. The oedipal tendencies and phantasies are linked to the problems of masturbation, sexual curiosity, and the infantile phantasies regarding the parents' love-life. But they are charged with and distorted by pregenital representations. Not until then does that stage come up for analysis in which the early infantile attachment to the mother and the pregenital developmental phase indirectly repeat themselves, and can be dealt with.

On close scrutiny we shall be able, as we said above, to observe a similar course in most analyses of adults, although the persons of siblings and parents have been replaced by other individuals and the rivalry will be acted out with friends, collaborators, colleagues or superiors, and love will already have been directed towards spouse or lover.

The observation of the typical course here depicted is occasionally hampered during an analysis, because confusing periods, called by Helene Deutsch ' chaotic ' periods, occur in every analysis. In these chaotic periods divergent material from differing developmental stages is presented without logical sequence. It cannot be unravelled moment by moment. However, a correct psycho-analytic treatment is a *dynamic* process. If only we succeed in *accompanying* the analytical process and in supporting it by our interpretations of defence and content at the right moment without disturbing it by untimely interference, the typical phases mentioned above will gradually unfold themselves.

The most surprising feature is that, in an analysis which is running a favourable course, towards the end, a fourth phase begins to manifest itself. This is the convergent phase. The material which has led to working through and revising the early mother-attachment is replaced by material converging once again towards the phallic phase and making possible another re-experience of the oepidal parent-relationship, but now in a normal form, freed from pregenital fixations. In favourable instances a process of detachment from the parents and an after-development into normal, adult love-life takes place. The latter yields an optimal therapeutic success.

Here we must stop for a moment and once more occupy ourselves with a question that has been asked repeatedly: How is it possible to recognize whether the material stems from the oedipal phase or from the period of the early mother-attachment, the pre-oedipal phase?

We have already said that it is not always possible to answer this question in the chaotic period. In the convergent phase of clearing-up, it is completely possible. The fact that a first light was not shed upon the pre-oedipal mother-relationship of the little girl until in the late thirties clearly shows that this encountered great difficulties at the outset. Helene Deutsch and myself were able to bring some typical facets to the fore. These observations were affirmed later on by Freud and others, and elaborated further.

Parallel studies on the rich variegation of the early mother attachment of the little boy were published afterwards by Ruth Mack Brunswick and myself. In my paper 'The Pre-oedipal Phase in the Development of the Male Child' [2] I presented some examples and also described some criteria for recognizing oedipal and pre-oedipal material. I will here repeat only two of these criteria, which are in my opinion the most important:

(1) In contradistinction to the oedipal material, often presented in phantasies and reminiscences, the pre-oedipal expresses itself exclusively in the form of *acting out.*

(2) When the analysand presents the pre-oedipal material, his personality changes during the analytical hour and his behaviour greatly resembles that of an infant or very young child. It manifests itself in attitude, voice, behaviour, motility, mimicry, and other primitive means of expression. As a matter of fact the patient re-experiences the pre-historic time of the first years of childhood.[3]

We will now occupy ourselves with a second problem.

Since we are so much impressed, during the analytic process, by the various typical phases in which the material presents itself and by the differences in the nature of the early mother attachment and the oedipal object relationships, the residues of these differences must necessarily manifest themselves in the adult object relationships. Thus it is indeed. Out of the complexity and the many shades of these greater and lesser differences, I will select only a few in order not to exceed my time limits.

The adult woman orientates herself in her love-life with her male partner and in the problems of nursing and educating her children, basing herself for the most part on the example of her own child-father and child-mother relationships. Her husband inherits, as it were, the oedipal love for her father, the children receive the love she herself once got from her mother. We say that the normal woman finds her object relationships by way of the healthy identification with her mother. Her attitude towards her husband must, however, be different from her attitude towards her children.

Where a feminine surrender is indispensable for a healthy love-life, the bringing-up of children requires a strong activity, a harmonious blending of active and passive behaviour. In other words: towards her husband the woman makes use of her identification with the oedipal mother image. She experiences love in the form of passive surrender, as she formerly did towards her father.

In regard to her children, who are in need of the actively and passively caring and loving mother, the woman utilizes the attitude resulting from identification with the pre-oedipal mother image. We can actually observe these various identifications expressing themselves in the family life. I need not say how often these relationships are disturbed because they are utilized inadequately. How far the family life is a harmonious one depends greatly on the right distribution of these two mother-identifications.

In my paper, referred to above, on the pre-oedipal development of the little boy, I described some cases in which the residues of the pre-oedipal and oedipal attachment to the mother clearly manifested themselves in the life of the adult *man*. In the normal development of men much less of the pre-oedipal relationship is left than in women. The little boy does not change the love object in the oedipal period as the girl is forced to do; it is only the nature of his love that changes in consequence of the process of growth. In the life of men a real repetition of the situation of the archaic child-mother entity never takes place, in contradistinction to the woman's life, wherein she becomes a mother herself. This may be the very reason why a neurotic fixation of the little boy on the early mother-attachment often has a particularly disturbing effect on his adult love-life.

I will add a few observations to the examples cited in the aforementioned paper.

Men who state that their married life is on the whole satisfactory sometimes complain that they occasionally experience obsessive impulses to visit prostitutes. Sometimes they merely speak to such women and leave it at that, or merely walk through the districts which prostitutes frequent; sometimes they look for an actual sexual outlet, yet without obtaining a real psychic satisfaction. Sometimes normal coitus does take place, but generally masturbation and various perversive acts are preferred. Analysis shows us that a split has taken place between the oedipal and the pre-oedipal mother image. The latter is occasionally longed for in an obsessive way. The prostitute unconsciously represents the pre-oedipal mother image, who actively gratifies all archaic (oral, anal, urethral, sado-masochistic) tendencies through the perversive acts and repeats the nursing and handling of the infant. If this archaic period is worked through in analysis, the pre-oedipal fixation may be removed and the two mother images united, thus bringing about the harmonious after-development and integration of the love-life. One often hears the view expressed that man and woman cannot really understand one another in their love-life. Many factors are responsible for this, but part of the explanation lies in this twofold origin of the object-relationship. The wife cannot understand her husband's assurance to her that his infidelity has nothing to do with his love for her. The husband on the other hand cannot understand the grief of his wife, who has invested the whole of her capacity for love, coming from both the pre-oedipal and the oedipal phase, in marriage and family.

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[2] *The Psychoanalytic Study of the Child*, 2, 1946.

[3] See also my paper: 'On Masturbation and its Influence on General Development', *Psychoanalytic Study of the Child*, 5, 1950.

The typical course of the analysis, depicted here, shows us over and over again:

(*a*) how important is the pre-oedipal development for the ultimate formation of the Oedipus complex.

(*b*) that the Oedipus complex is the final product of the pre-oedipal development, but of a specific nature. Its ultimate shape is decisive for the normal as well as for the pathological love-life of the adult.

(*c*) that disturbances in the pre-oedipal phase can cause abnormal shapes of or weaknesses in the Oedipus constellation. Thus they further regressions towards early fixation points and give rise to neurotic and defective development.

When the fourth phase of the analytical process, the handling of the material which converges once more to the Oedipus complex, is not at all or only partly successful, the therapeutic result of the treatment remains unsatisfactory. These failures have taught us which of the many responsible factors is the central one. It lies in the castration complex. If the castration anxiety of boys, which is linked to the Oedipus complex (with girls it is the masculinity complex), cannot be overcome, a regression takes place towards certain fixation points in the pre-oedipal phase.

In the course of analytical work such regressive flights are repeatedly observed, whenever a new quantity or intensity of castration anxiety is mobilized.

The pre-oedipal phase—as is well known—has its own sources and forms of anxiety. Whenever tensions arise because of ungratified needs, they are capable of producing anxiety reactions. As soon as the mother is recognized and loved as an object outside the self, fear of losing the mother's love will arise in the face of conflicts between instinctual life and the mother's wishes. An important source of anxiety is given in the ambivalence conflict. The child, simultaneously loving and hating the mother, finds itself in an *inner* conflict situation. Anxiety arises, which can be diminished or reinforced, but not removed by the mother's attitude. In the oedipal period love is directed towards one parent, whereas the other parent receives the child's hostility. Consequently the love for the mother obtains (in the boy) a much less varying and a more permanent character. The same applies to the rivalizing hostility towards the father. In this consolidation of the affect-relationship lies part of the *schicksalshafte* (fateful) nature of the love of the little Oedipus. The pre-oedipal forms of anxiety contribute to the formation and intensity of the castration anxiety in the oedipal period. However, the latter (anxiety over the possession of the penis in the phallic period) has a very exceptional character:

(*a*) as a result of the biological function of the sexual organ and its narcissistic significance for the self-esteem of the individual;

(*b*) because of the impossibility—acting as a narcissistic injury—of leading an adult love-life, which is due to the immaturity of the child; and

(*c*) because of the bisexual disposition of all individuals. In the boy the passive tendencies threaten his masculinity and are to a considerable extent the cause of his castration anxiety. In the girl the active (masculine) tendencies constitute the biological substratum of the factors deciding for normal or pathological development and determining the form of the castration complex. The linking of the oedipal situation to the castration complex is a second facet of the *schicksalshafte* character of this period of life.

Here we must lay emphasis on the fact that especially in the girl the negative Oedipus complex can be of the greatest importance in this connexion. The question may arise whether there are cases in which the positive father-attachment fails to develop.

We now arrive at:

(ii) *The newer theoretical insights of the last few decades.*

Among these, the following are of importance for our theme:

(*a*) our increased insight into the development of the instinctual life in the pre-oedipal phase;

(*b*) our knowledge regarding the early ego- and superego-development.

(*a*) The instinctual life we now know to be an interplay of erotic and aggressive instincts. The manifestations in the various pre-oedipal developmental phases bear the marks of both groups of instincts. However, not sexuality alone passes through developmental stages; aggressive drives seem to do the same, and thus to influence the object-relations. I will cite one instance out of many:

The strivings for power and rivalry originating from the aggressive drives attain a certain acme in the anal period and colour the object-relationships. A great deal of them is preserved in later life, but in normal growth they are raised to a different level and merge, for instance, into a non-destructive ambition and a productive ' trial of strength'.

In the phallic phase the boy's relationship with the father is dominated by rivalry and aggression. However, the ambivalent relation develops and results in an identification with the father, and becomes the basis for normal masculinity. The girl emulates the mother, her identification with the oedipal mother-image results in healthy femininity.

(*b*) Our knowledge of the early ego-development is equally important for the understanding of the pre-oedipal and oedipal object attachments. The ego is still undifferentiated in the newborn. It gradually develops a number of qualities and functions. By means of some of these it becomes acquainted with the outer world; it learns to distinguish between within and without and to perceive the inner world. The ego must appropriate the control of certain instinctual demands as well as of other desires and needs, in order to bring them into harmony with the demands of the outer world. It must partly permit these needs and instinctual desires to be gratified, partly leave them unsatisfied or postpone their gratification or modify them in their ends. The ego must effect in part an adjustment to the outer world, in part it must try to modify the environment in accordance with the needs and desires. In order to be able to accomplish all these tasks, the ego develops its intelligence, its thinking, its knowledge, etc. It produces reaction and defence mechanisms against intolerable instinctual tendencies and demands of the environment that cannot be satisfied.

It refines its capacity to distinguish between outer and inner world; it tries to integrate wherever there are contradistinctions.[4]

The mutual influence of instinctual and ego-development is discussed in another symposium at this Congress.

For our theme the following seems to be of importance:

Object attachments are the expression of instinctual needs that are related to a person or object in the outer world. Since the ego is the intermediary between inner and outer world, it is obvious that the nature of the object attachment is also determined by the developmental level of the ego. E.g.: As long as the ego has not developed its faculty to distinguish between inner and outer world, an *object* love in a real sense, i.e. a love for mother ' on her own merits ', is out of the question. The attachment to mother or to the mother's breast is still a biological and not a psychic one. The infant aims at satisfying its needs and expects this gratification from its mother in the same way as from its body. Therefore we call this earliest attachment a narcissistic one, in contradistinction to the real object attachment from later periods. It is well known that the growth of the narcissistic into the object-libidinal attachment is very gradual. Even if the object is already recognized as something outside the self, the character of the attachment is still for a long time predominantly ' narcissistic '.

A great deal of this early attachment is preserved in the adult love relationships as well.

A certain amount of narcissistic gratification obtained from objects is indispensable for the health and the normal functioning of man. However, a sound relationship presents a considerable amount of actual love for the object, with respect and appreciation of the personality of the other. This latter form of object-attachment seems to be prepared during the pre-oedipal developmental phase, but it does not flourish until the phallic, oedipal period. In this period the ego has actually acquired a sense of reality, naturally in an interplay with the instinctual development and under the influence of the environment. The ego has overcome magical thinking and the magical attitude towards the outer world, to a considerable extent; it has also developed its integrative powers, to such an extent that ambivalent attitudes are no longer directed towards one single object, but can be divided between father and mother; it has formed the necessary reactive and defence mechanisms, which have transformed or warded off such instinctual tendencies as disturb the object-relationship.

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[4] *Vide* my paper ' On the Development of Ego and Superego ', *Int. J. Psycho-Anal.*, **28**, 1947.

In the meantime the *affective* life has also gone through an important development. Originally affects are attendant phenomena of instinctual manifestations.

Before the period of differentiation between id-ego and inner-outer world, and thus before a primitive structuration of the personality, we can only attempt to describe the affects as diffuse phenomena. It is, however, part of the task of the growing ego gradually to get acquainted with the affects, to learn to register the instinctual processes of the id, to control the affects and ultimately to take possession of them. It is a triumph of the ego over the id, if, at last, the personality is capable of saying: '*I* feel something', and no longer 'There is a feeling within me'. This process, too, is not effected until in a comparatively late stage, and it is never completely accomplished. The affects that are attendant upon the erotic instincts are usually classified under the heading of love feelings. Affects covering aggressive instincts are classed with the feelings of hate. In the infant the affects are not yet differentiated; they are elementary, passionate, and violent. Gradually a process of differentiation and refinement of the affects take place.

In adults we find in the gamut of love a multiplicity of feelings, e.g. kindness, sympathy, friendship, compassion, admiration, adoration, etc. The series of feelings of hate comprises hostility, antipathy, spite, jealousy, revenge, contempt, and others.

The capacity for differentiating the affective life is dependent upon instinctual processes as well as upon the qualities of the ego. The greater the ability of the ego to understand the inner world, the more mature its knowledge of the outer world, its possibilities of learning from the environment, the richer will be the development of the affective life. This means that the affective life will present an increasing resemblance to that of the adult.

As the mother is the first example from which the child learns and with which it identifies itself, it is self-evident that the mother's personality is of paramount importance for the ultimate formation of the child's affective world. A healthy, loving and emotionally balanced mother will be promotive of a normal affect-relationship in the child. A sick or inharmonious mother will greatly interfere with the growth of the infantile emotional ties.

As long as the ego is undeveloped, however, this identification can only be a primitive one. It stands to reason that, after the first years of life, the personalities of the father, of other members of the family, and of persons outside the family, too, are of great importance for the affective development.

I have pointed out already that the *oedipal* object attachments and the love and hate *feelings* bear a very great resemblance to the adult love relationships.

The instincts are directed towards the possession of the beloved person and the removal of the rival, just as in adult partners. However, the *shape* of the *sexual* representations is still an infantile pregenital one. The latter is connected with the somatic immaturity of the child as well as with the interruption of the instinctual development at the onset of the latency period, as already mentioned. In consequence of this interruption the instinctual development is one stage behind the affective maturation.

We will now turn to a particular developmental level in the construction of the ego, viz. to the genesis of the superego.

As a result of the inhibition of the instinctual development at the onset of the latency period, the Oedipus complex is repressed in its typical *schicksalshafte* shape, and it does not emerge until puberty, as a transition to adult love life.

Ego and emotional development proceed, but at a different level, no longer directly linked up with a flourishing instinctual life. According to Freud's oldest formulations the superego would arise as a residue of the Oedipus complex, *an agency in the ego-organization.* It takes over and represents the commands, prohibitions, norms, and ideals of the parents through identification with the oedipal objects. We have to face the question whether our knowledge of the pre-history of the Oedipus complex does not require a revision of this concept regarding the genesis of the superego. We have said already that the process of identification plays an important rôle in the pre-oedipal phase, as regards both the ego-functions and the growth of the affective life and the object-relationships. It is obvious that in the pre-oedipal phase the child forms ideals through identification with an image of the admired parents. In the very period during which wishes for omnipotence and magical thinking are flourishing, ideal-formation takes place. Disappointments at one's impotence and frustrations are compensated for by phantasies of omnipotence dealing with an ideal and identifying oneself with the 'almighty' ideal. The formation of an ego-ideal begins in the pre-oedipal phase. What about the judging and prohibiting superego, the Conscience? In the beginning the young child puts up with restrictions of its gratifications and disappointments for fear of punishment or of loss of the mother's love. Nothing of a judging agency or an inner prohibition can be perceived. When, however, the development has advanced so far that the child begins to identify itself with its mother, it also starts to take over her prohibitions and commands.

A differentiation takes place in the ego, owing to which it learns what is permitted and what is not permitted. Now the child is more or less able to determine its behaviour itself, along these lines, so as to prevent painful experiences. This process bears a certain resemblance to the training of animals, and it obtains the character of the conditioned reflex. A good example is bowel-training. Many children, trained in cleanliness, lose this acquired capacity rather easily under changed conditions: e.g. if the mother is absent or lessens her demands, or if in the inner relationship between the child's emotional life and its acquired ego functions new conflicts arise, which often occurs in consequence of the birth of a younger child, etc. According to a communication from Anna Freud it might also happen, however, that the internalized command of cleanliness can no longer be undone in the anal period, not even at the emphatic wish of the mother. If, for instance, the anxious mother should try to force her child, who is seriously ill, to deposit its urine and fæces in bed, it may become obvious that the child is no longer able to do so. However, a conditioned reflex in an animal also continues to exist for a longer stretch of time, although it finally disappears. It might be interesting to investigate whether in the special group of children in the anal phase, referred to by Anna Freud, this inability to dirty themselves will continue to exist even if the demands of the educator are not renewed, or whether it would ultimately disappear. Such an experiment would be hampered by the progression of the development towards the next, the phallic phase and the oedipal constellation, as a result of which the conditions are entirely different.

However this may be, the internalization of a certain command in the anal phase does not by any means appear to be identical with the existence of a conscience function, and a self-judging agency. The affects of the successfully trained child do not present—in a conflict situation—the differentiated character of the later guilt feelings. They rather resemble generally the primitive anxiety reactions of the animal that has dirtied the floor. It seems likely that here individual differences occur in connexion with a more rapid or a slower maturation of the personality. Although we should not speak, therefore, in the anal pre-oedipal stage of a superego with the function of an inner conscience, we have to envisage this early, unstable internalization of commands, as processes, that constitute examples for the post-oedipal identification processes resulting in the formation of the superego. They are—as it were—the precursors or primitive stages of the superego.

The superego itself displays a very definite structure, that is not essentially changed even though the contents and the shapes of the norms are subject to modifications under the influence of the growing up. The boy's ego-ideal, which had been selected originally in accordance with the example of the mother (although it was the phallic mother) obtains more definitely the image of the father at the time of the superego-formation. The commands and prohibitions, mainly received from the mother, are attributed to the father and introjected in connexion with the latter's person. Although archaic forms always persist—to a greater or less extent—the process of structuration and of conscience-formation in accordance with the image of the father can be clearly followed in normal cases. In the girl it is the identification with the image of the pre-oedipal mother that causes the earliest ideal-formation and the first internalization of commands. At the time of the superego formation the imago of the oedipal mother, i.e. the mother as the father's wife and as the girl's rival, is the one to put its stamp upon the superego.

Formulating the matter in other terms we may say:

During the pre-oedipal development primitive forms of ideals and internalized commands arise *via* identifications; they are consolidated in the oedipal phase into a superego and ego-ideal of a structure, determined by the Oedipus complex.

SUMMARY

In the pre-oedipal phase a psychic object-attachment to the mother develops from the biological mother-child entity. The form of this attachment is dependent:

(1) upon the nature of the mother;
(2) upon the hereditary factors in the child;
(3) upon the instinctual and ego development;
(4) upon the maturation of the affects;
(5) upon the early identifications (precursors of the Superego) and
(6) upon the mutual influence of all these different factors.

The structured and stabilized product of this varied and eventful development is the Oedipus complex, which is to be placed in the phallic phase.

The Oedipus complex is the example for the adult love-life and, because it is linked up with the castration complex, it is the starting-point for the ' coming into being ' of neurotic disturbances in children in the latency period, adolescents and adults. As the Oedipus complex carries along with it its previous history, the pre-oedipal phase, the events of the latter period determine the shape of the Oedipus constellation and thus play an important part in the ultimate formation of the personality.

Severe pre-oedipal disturbances may *hamper* the process of ripening, *weaken* the phallic position and distort the *oedipal* constellation. In such cases the infant's anxieties cannot be overcome, castration anxiety becomes overwhelming and causes repression towards pre-oedipal and pre-genital positions and fixation-points.

In conclusion we may say that:

Neuroses and other psychic disturbances may arise from several nuclei of maldevelopment, to be found in the oedipal *and* in the pre-oedipal phase.

THE "KING OEDIPUS" OF SOPHOCLES[1]

By H. A. VAN DER STERREN, M.D., AMSTERDAM

In this paper I should like to give a summary and the main conclusions of a study I have dedicated to the three dramas of Sophocles: *King Oedipus*, *Oedipus at Colonus*, and *Antigone*. I have published this study in more detail as a Dutch book: *De lotgevallen van Koning Oedipus* (' The Fate of King Oedipus '), an English translation of which will, I hope, shortly appear. It is unfortunate that in this summary I must omit many details, since it is really these details which give life to the work as a whole.

It occurred to me to ask why these plays of Sophocles, from which Freud derived the name ' Oedipus complex ', have not thus far been studied in detail, whereas many other literary works have been thoroughly analysed. There is a great difference between most other literary works and *King Oedipus*, for in the latter the oedipal emotions are openly discussed, while in the case of other works it is usually necessary to show that these emotions are expressed indirectly. This was my reason for writing about *King Oedipus*, for I intended to write also for non-psycho-analysts, and it therefore seemed to me of great importance that it was not necessary to deduce the very worst and most strongly repressed emotions, since these were clearly and precisely stated.

Apart from this I had a special question to put forward; since it was not necessary to demonstrate that the oedipal emotions are dealt with in *King Oedipus*, I could confine myself to a point of more interest to us, namely, the manner in which this theme is treated by Sophocles; what part of these emotions is expressed, how they are expressed, and how the defence mechanism functions. I therefore asked myself the same question which in my opinion must be asked in practical analysis, namely, What is the nature and form of the expressions and what is the defence? Of these it is, perhaps, the defence which is of greater interest and importance for us. How has this man assimilated the oedipal emotions, and what is the dynamic relationship in this case between the repressed and the defence? That there is an oedipal situation scarcely interests us, since we know that it exists and that it is the root of personality development.

I have, moreover, consistently followed a definite method of examination. I have used Freud's views on the psychology of the dream as my starting-point. He showed that the dream is a compromise between the expression of and the defence against the unconscious emotions; that in it the unconscious wish is represented as being fulfilled; that there are very definite mechanisms that control this expression; that the primary process controls the dream world just as it controls the entire unconscious life of the soul, and that myth and poetical productions come into being in the same way and have the same meaning. There is only one important difference: in the myths and in the works of poets the secondary elaboration is much further developed, so that a logical and coherent entity is created. I have strictly followed this system of examination, for I hold, *a priori*, that this conception is the correct one, and the close study of these plays of Sophocles has shown me once more that this approach alone is able to solve the various problems and is, moreover, a fruitful method.

We know that, through their mutually dynamic relationship, the expression of and the defence against unconscious wishes give rise to the origin of the dream, daydream, myth and legend, poetical work, neurotic symptoms, and human behaviour in general. We also know that from this can arise the idea that beings outside of us (devils) want to tempt us to do forbidden things; that, because of this there comes into being the fear that we shall do what is forbidden. We want to avoid this, and that very avoidance can become the provocation to doing it. We also know how, in this way, inexplicable self-reproach can be caused and how people punish themselves for their unconscious wishes because they are afraid of being punished for them, so that although the punishment is especially a defence against the unconscious urges, it is also the expression of them. We know too how the repressed emotions can find expression in *Fehlhandlungen*, and how we, in our analytical work, meet with the defence against the emotions, which we then call ‘ resistance’.

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[1] Paper read as part of the symposium ' Re-evaluation of the Oedipus Complex ', 17th International Psycho-Analytical Congress, Amsterdam, August 5–9, 1951.

All these dynamic relationships are to be found in the works of Sophocles. His dramas are poetic adaptations of previously existing myths, and, as Freud already remarked, there is an allusion to the dream in lines 981–982 of *King Oedipus*. We may even be surprised to find the incest urges so clearly expressed, just as Freud too was surprised that the oedipal dreams are sometimes so thinly disguised. In reality, however, the expression of these urges is not so clear, for though it is true that in the drama Oedipus is portrayed as having killed his father and married his mother, he is also represented as having done so accidentally, against his will and intention. A great deal of the tragic effect of the drama turns on this very point, that he is represented as having done what he in no wise wanted to do. That to do so was Oedipus’ desire is strongly denied, and at the same time it is denied that it is the desire of every man, since only this one person, Oedipus, committed these actions. There is also the idea that the impulse to commit these terrible deeds came from without; that the gods had decreed and the oracle prophesied them. It is therefore obvious that the Greeks had not yet made a clear distinction between good and evil spirits, for here it was the gods themselves who incited these evil deeds. That this disguise is very defective may be illustrated by a small discovery which I made, namely, that the Greek word ‘ chrao ’ means ‘ to desire ’, ‘ to crave ’, and—‘ to consult an oracle ’.

On hearing the utterance of the oracle, which is thus merely the disguised expression of a personal desire, Oedipus is afraid that he will commit these dreadful deeds and does his utmost to avoid them; but then, because of that very avoidance, does commit them. (He avoids, namely, the King and Queen of Corinth, whom he believed to be his parents, and is thus led to kill his real father and marry his real mother). In this way the tragic effect of the action is still further heightened. The self-reproach is found once more in the drama in the words of Teiresias, who has already told Oedipus what he has done, but Oedipus cannot yet understand, and can rightly deny it. This runs completely parallel with scrupulous self-reproach, and the old blind seer Teiresias is in my opinion the personification of the conscience. Later Oedipus undergoes the punishments that he had himself pronounced, and also the punishment proclaimed by Teiresias (the conscience), namely, self-inflicted blindness. In many of the declarations of Oedipus, which remind one strongly of slips of the tongue, it appears that he, while not knowing what he has done, nevertheless does know it. The resistance, too, which we come across in psycho-analytic treatment, is strikingly depicted. In connection with this I must point out that Sophocles does not portray Oedipus’ actual deeds, but that the drama begins after everything has already happened and a sickness has befallen Thebes, the punishment for the as yet un-atoned-for murder of king Laius. The murderer must therefore be found; Oedipus himself will conduct the search, and in doing so he will discover that he himself is the murderer and that Laius was his father. Freud has pointed out that the drama therefore resembles a psycho-analysis, and the resistance of Oedipus is obvious. He says that he will find the guilty person, but during his investigations he becomes stupid, does not understand what the conscience (Teiresias) so plainly says, finds all manner of pretexts for not discovering the truth, but yet has the courage to proceed with the investigation (the analysis). In his resistance Oedipus also uses laboured arguments and reasonings in order to exonerate himself, but these very reasonings and arguments turn into accusations. The resistance is even clearer in the case of Jocasta, who discourages the investigation, which she considers foolish; and it is again depicted in the case of the shepherd. In dealing with this theme in this particular manner, Sophocles wrote, in my view, the first detective story: someone has been murdered; who did it? (Sophocles wrote another play which is a typical detective story, but of which only a part is extant: *Ichneutai*, ‘ the Sleuths ’.)

Although when the drama opens all Thebes is menaced by a punitive sickness, the story develops in such a way that Oedipus appears to be the sole guilty person. So he takes upon himself the guilt of all, he executes punishment upon himself, and thus becomes the Saviour of Thebes, of every man. This idea is expressed again in a small detail: it was said that ' robbers ' committed the murder, but later Oedipus makes a mistake in speaking and says: ' a robber '. (Later he speaks again of ' robbers ', when that is the only argument for refuting his guilt.)

Freud showed us that man forms a family romance, and Rank has written *Der Mythus von der Geburt des Helden* (' The Myth of the Birth of the Hero '). Freud pointed out that there are several motives for this idea, among others the feeling that the parents do not love their child sufficiently, and again that it is a defence against the oedipal situation. This romance plays a great part both in the Oedipus myth and in the drama of Sophocles. Without the exchange of parents the events would not have been possible (myth), and without the exchange the discovery of the truth would not have been so difficult (drama). Just as it will become obvious that Oedipus is the murderer of King Laius, and that Laius, moreover, was his father and Jocasta his mother, so he will be able to put forward the argument that he had other parents. Striking too is the need for sexual information, which here is not so much directed towards the question whether the child is really the child of a father and mother, but rather towards that of who were his parents. The parents (Merope as well as Jocasta) refuse him this information, and neither does the deity to whom he has been referred tell him. It is in the end a drunken man who tells him the truth. We also find the idea that Oedipus' parents came from a lower class (slaves) and from a higher class, and, indeed, even that he is of divine descent. We find too the idea that a mountainous district and the sea are his mother. All these ideas are brought forward just when the truth threatens to reveal itself, and give Oedipus the hope that Laius and Jocasta are not his father and mother.

Abraham has written an interesting study on the fact that Oedipus killed his father at a fork in the road. In it he came to the conclusion that the fork in the road represents the female genital. In the drama the fork in the road is introduced in a remarkable way. When Oedipus begins to fear that he may after all have murdered Laius, Jocasta reassures him, and in arguing mentions by chance the fork in the road at which the murder took place. This was intended as a proof of innocence, but it becomes an accusation, for now Oedipus grows even more concerned. It would appear, then, that more affect is bound up in this small detail, in this chance expression, than we should expect, and we find this in many symptoms in psychoanalysis, and also especially in the screen-memory. Moreover, the question whether the fork in the road still remembers what Oedipus did there also points to the childhood memory. In the myth and the drama, parricide and marriage with the mother have become two events which are separated both in place and in time. But when Oedipus asks if the fork in the road still remembers what Oedipus did there and what he did later in Thebes, the difference in place is removed. And the difference in time is removed by an actual mistake on the part of Sophocles, when in line 758 he permits the only witness of the death of Laius to return to Thebes after the marriage between Oedipus and Jocasta has already taken place.

Sophocles mentions the fork in the road in four consecutive expressions (1398–9), just as Aeschylus had already employed a twofold expression. In this way the strong affect attached to the symbol of the female genital is expressed. But on the other hand, some classical scholars assert that line 1399 is spurious, perhaps because they object to this affective expression.

The punishment which follows upon Oedipus's deeds, and which in reality is feared by man for these wishes, is profusely described. The drama begins with the sterility of the woman and the death which threatens all the inhabitants of Thebes. This punishment, according to the law of talion, fits in completely with the desires of Oedipus. Oedipus, as the sole culprit, now takes this punishment upon himself, and in doing so becomes the saviour of Thebes. As a child Oedipus was abandoned in the mountains outside the city, and was left there to die. Here again the principle of talion comes into operation. He must leave his mother, and he must die. The wounds and the deformation of the feet are added to this punishment as a symbolic castration; we find the castration appearing again later in his piercing of his eyes. After these deeds and the revelation of the truth Oedipus must once more leave the city (mother). Moreover, throughout the whole of the drama, Oedipus' worry and anxiety and sense of guilt are impressively depicted.

The punishments in this drama have two other remarkable characteristics. In the first place they are proclaimed by Oedipus himself, and this indicates, as it were, that man punishes himself, because fear of the punishment has been created within himself. Only the piercing of the eyes was proclaimed part of the punishment not by Oedipus, but by Teiresias (the conscience). Oedipus, however, does not shirk this punishment either, and carries it out himself. But the harsh cruelty of the conscience seems to express itself in the fact that it is of this very punishment that Oedipus wonders if it is not too severe and too cruel. The second peculiarity of the punishments is that they contain within themselves a fulfilment of the original desire. When, for example, Oedipus wants to be thrown into the sea as punishment, that is a fulfilment of his desire to be with his mother, for the sea too was his mother. This is shown most clearly in the lines spoken by Oedipus after he has pierced his eyes. He says that in future his eyes may see in darkness her whom he ought not to have seen. He is now blind, and may now in the darkness see his mother (and will be unable to see any other woman). It is remarkable that many classical scholars translate these lines, which are unmistakably clear, in a different way, and give them an opposite meaning (his eyes may *not* see). Apparently they must avoid what appears here as a forbidden wish-fulfilment. It is apparently too bad that the punishment of a forbidden desire should be at one and the same time the fulfilment of that desire.

Moreover, it is evident that Oedipus is proud of his great suffering; no man other than himself could have borne such suffering. He was of divine descent, and in his suffering he also becomes divine. The narcissistic feelings also find satisfaction in the suffering.

Classical scholars are at a loss to explain the sense and meaning of the Sphinx in the myth. Freud, Rank, and Reik have made important comments about her. Working on different lines I have gained a clearer insight into her significance. I have come to look upon the thoughts which Sophocles describes about Jocasta as associations with the mysterious figure of the Sphinx; and once more it was an obscure passage in the drama about which classical scholars differ which suddenly made me understand both the figure of the Sphinx and the meaning of this passage.

All that is said in the drama about the Sphinx is that she was a female creature, a bitch with hooked claws who set a riddle and demanded tribute from the youths of Thebes. They would die if they failed to solve the riddle, while *vice versa* if they did so the Sphinx would perish. Oedipus alone was able to solve the riddle, and because of this the Sphinx died. In one place it is also said that she attacked Oedipus, but that he bravely withstood her attack. The Greeks knew more about her; that she was a creature with a female and human upper part and a male and animal lower part, and that she had a tail, wings, and claws. They also knew her riddle: 'What creature is it that walks on four feet in the morning, two feet at noon, and three feet in the evening?' as well as its answer, namely: Man. Freud already pointed out that in this question can be seen the sexual curiosity of the child.

In the drama we now see Oedipus struggling with the same question, which here takes the form: 'Who really are my parents?' This riddle is solved by Oedipus when he compels the old servant who had previously abandoned him, and who was the sole surviving witness of the murder of Laius, to speak. He then replies that Polybus and Merope were only his foster-parents, that he is the child of Laius and Jocasta, and that it was Jocasta who gave him as a baby to the shepherd to be abandoned and left to die. I quote here lines 1171–6 (Campbell):

Shepherd: He was given out for Laius' son: but she
The queen, within the palace, best can tell.
Oedipus: How? Did she give it thee?
Shepherd: My lord, she did.
Oedipus: With what commission?
Shepherd: I was to destroy him.
Oedipus: And could a mother's heart be steeled to this?
Shepherd: With fear of evil prophecies.
Oedipus: What were they?
Shepherd: 'Twas said the child should be his father's death.

I should like to make the following comments on this passage.

(1) Here it is, suddenly, said that it was Jocasta who gave the child Oedipus to the shepherd with instructions to abandon him and leave him to die. Elsewhere in the drama and also in the myth it is said to have been Laius who did this.

(2) There is much difference of opinion among classical scholars concerning the transla-

tion of ' tous tekontas ' in the last line. The literal meaning is certainly ' his parents ', but it is true that the plural as used in this context may also be translated as ' his father ". I have consulted some twenty translations; in rather more than half of these the translators have written ' his parents '. Now everywhere, in both drama and myth, the oracle is stated to have said that Oedipus would kill his father, and that it was his father who abandoned him. But here, because it suddenly says that it was his mother who had abandoned him, ' tous tekontas ' must, in my opinion, be translated as ' his parents ', and therefore include his mother. Here, then, suddenly appears in the text the enmity between mother and son, between son and mother. When I had interpreted this passage in this way, I suddenly saw the resemblance to the situation between Oedipus and the Sphinx, which is also dominated by enmity and the threat of death. And the drama reveals more concerning this resemblance, for at the very moment when the words ' 'Twas said the child should be his parents' death ' are spoken outside the palace, Jocasta commits suicide within it. Oedipus lets her do this although he knows that Jocasta has entered the palace in a very depressed state of mind. He even says: Come what may, I must learn my parentage. Simply because of his search for the truth concerning his descent, he allows Jocasta to die, just as he allowed the Sphinx to die by solving the riddle about the origin of children. And again, when we read how Jocasta dies, no psycho-analyst would doubt that there, at the same time, is portrayed the image of Oedipus killing Jocasta in a sadistic coition. Striking, too, is the detail that Oedipus strips Jocasta of her golden jewels, the golden brooches (castrates her), and then with these very brooches pierces his own eyes (castrates himself). Again the childhood memory is evoked in the words of Jocasta, who recalls to mind her marriage with Laius and her sexual intercourse with him.

In the translation of ' tous tekontas ' mistakes have appeared. Apparently it cannot be borne that mutual hostility should exist between son and mother. For the same reason there appear mistakes in the translation of lines 1256–7 in the scene depicting Jocasta's suicide, which is also the image of the fatal intercourse. There it is said that Oedipus seeks his mother's womb, but in many translations that very word is omitted.

So the parallel between Jocasta and the Sphinx is complete. In both cases Oedipus is faced with a riddle about the origin of man. The solution of that riddle is a question of life and death for both of them, and Oedipus brings about the death of both by solving the riddle. The solution to the riddle is not only knowledge, but action, and so we arrive at the image of the fatal coitus. The Sphinx is female, but she has either a male genital, or else wings, claws, and a tail which are dangerous to Oedipus. Jocasta, in the same way, is the woman who is dangerous for Oedipus, for he seizes her golden brooches and uses them to tear out his eyes.

We have then before us a known mechanism —the child's feelings for its mother are so conflicting that they have to be depicted in connection with two persons, Jocasta and the Sphinx. The Sphinx therefore is the menacing, dangerous creature, and Jocasta the attractive, loving woman. But in the background Jocasta also appears dangerous and hostile, and Oedipus is her enemy. *Vice versa*, the Sphinx is also the seducer, for the fact that every day one of the youths of Thebes had to appear before her to solve the riddle, can only mean that they were seduced by her and could not pass her by.

The existence of a parallel between the figure of Jocasta and the Sphinx can be seen in yet another small detail. In the aforementioned lines we are told suddenly that Jocasta abandoned her child and left it to die, and then in line 506, that the Sphinx attacked Oedipus, whereas elsewhere we receive the impression that the Sphinx was not active. Here we touch upon the theme, Who was the first to show hostility? a theme which plays an enormous part in the drama. This being so, the lines which I have mentioned are instructive. The enmity of Jocasta is mentioned first, but this is motivated by the idea that Oedipus would be hostile to his parents. Then it is especially fascinating that line 1176 has also a double meaning in the Greek. This can be interpreted as saying that according to the oracle Oedipus would kill his parents, but it may also be read to mean that his parents would kill him.

It is interesting that later writers have further developed the idea of the Oedipus myth, and that in these fantasies appears everything which I have with difficulty evolved from the drama. This is especially applicable to the partial identity of Jocasta and the Sphinx.

Robert points out that the older representation was not that Oedipus conquered the Sphinx in a mental (the riddle), but in a physical struggle. There are pictures of Oedipus running the Sphinx through with a lance, and in these we clearly find once more the conception of the sadistic intercourse, which in Sophocles' drama is expressed only in a disguised form. Robert does not understand why there are representations of Oedipus as a child standing before the Sphinx. We can now understand this quite well.

It may be interesting to enquire what motives are given in Sophocles' drama for the son's hostility towards his mother. In the first place there is the sadistic element of the sexual passion; then there is the fact that Jocasta and Merope forbid him to think about his origin, and therein we find the fact that the mother does not allow her little son to satisfy his oedipal desires. Indeed she helps father to restrict and punish her son, and sends him away from her presence. And this reproach assumes a pre-oedipal character—even on the third day of my life my mother cast me off (oral frustration). Finally it is clear that Oedipus is hostile towards his mother and that he even desires her death because her seductive powers bring him into danger of punishment and guilty conscience.

The feelings which we describe collectively as the positive Oedipus complex are clearly described in the myth and in the drama. On analysing the drama we also find portrayed the enmity of the young boy towards his mother, though this is much less clearly expressed. It appears in a strongly disguised manner as regards Jocasta and also the Sphinx. The question may arise whether the feelings of the positive Oedipus complex are really so very clearly expressed, because behind them the enmity towards the mother must be kept concealed.

Oedipus at Colonus was written when Sophocles was an old man, and here he lets Oedipus die at Colonus, Sophocles' own birthplace. I cannot agree with Mark Kanzer (*Int. J. Psycho-anal.*, **39** (1948), 131) who holds that ' the passing of the Oedipus complex ' is dealt with in this drama, and I maintain that here too only the Oedipus complex is treated, be it in another form. In the first place I would refute this with an *a priori* argument, namely, that in my opinion no intellectual reasoning can be given in dream, myth, and drama. This is a confusion of the primary and secondary process. Dream, myth, and drama can only give expression to the deepest repressed desires of man, and to the anxieties and fears of punishment connected with them. And I hold that a closer analysis of this drama clearly shows this. Oedipus is going to die, but this death is obviously another reunion with his mother, and his mother is still just as lovely and terrifying at the same time as Jocasta and the Sphinx were formerly (the Erinyes and the Eumenides). Kanzer maintains that Oedipus relinquishes his sense of omnipotence, but then he overlooks the fact that in this drama Oedipus acquires very great power: the fate of Thebes and Athens depends on him; he condemns his sons to death, and his curse becomes a reality. Moreover Oedipus does not die, but is taken away from this world as a god. In *King Oedipus* Oedipus is of divine descent and he endures superhuman suffering. In *Oedipus at Colonus* he becomes immortal, a deity.

Antigone has become the heroine because Sophocles has described her as placing the general, divine laws above the laws of Creon. Although forbidden to do so by Creon, she buries her brother, who was killed in the war against his motherland. For this Antigone must undergo the death penalty, and when she is about to depart from this life, and has lost the esteem of everyone, she speaks the words contained in the famous passage, lines 904–20. There she says that she would not have done this for husband or child, and in these words she presents a completely different motive for her actions. Although the drama portrays her as having been forced by circumstances to fulfil this duty and thereby being fated to lose by chance her life, her betrothed, and her marriage, she says here that she does this because she esteems her brother above a husband and children. The first is something which we meet with as a tragic event in our daily work. The second is something which we learn to see as the background to a human tragedy. Now it is especially interesting that the philologists and classical scholars have started a passionate controversy about the authenticity of these lines, and that Goethe said first that these lines are a blemish on the drama and on the attitude of Antigone. He hoped that philologists would some day arise who could prove these lines spurious.

At the same time it can be seen from the drama itself that Antigone adopts this attitude because she wants to be a man, and as such, to take up the fight against Creon. Again, in *Antigone*, we find once more many motives which also appear in *King Oedipus*. The death of Antigone may be compared in many respects with the death of Oedipus and Jocasta, and here too the death is the disguised representation of the sadistic intercourse. We can also learn a great deal here concerning the psychology of aggression (especially the turning against the self) and finally this drama contains a specially fine example of a *Fehlhandlung* (parapraxis).

In my study I have tried to show that in the three dramas the Oedipus complex expressed itself in the manner which we would expect to find in a dream, a myth, and a drama. I believe also that the complete Oedipus complex expresses itself as it is known to us at the present day. That in itself would hardly have made the study worthwhile, but for me this study has become absorbing because in it all forms of defence may also be studied. This has given rise to a compromise in many places, and we are then dealing with disguised expressions. Some points are very striking.

(1) The unconscious desires which find their expression in a disguised manner, are to be found in precisely those parts of the drama where other emotions, not resisted, already dominate the reader and spectator. Wherever admissible emotions are dominant, there the inadmissible and repressed emotions succeed in finding a disguised expression. This illustrates clearly why some people have had to form a defence against all emotions (Reich).

(2) It is also interesting to notice that these disguised expressions of Sophocles have had to be repressed again by later critics and translators. They begin to doubt the authenticity of the lines and they make false translations. They put forward all sorts of arguments, but do not see the real motive which obviously can only be—' that may not be said '. I should like to cite a few instances of this.

(*a*) When the oracle in somewhat ambiguous terms says that Oedipus will kill his parents, many translate this as meaning that Oedipus will kill his father. Apparently this expression of the son's hostility towards his mother is inadmissible.

(*b*) When Antigone says that her action was due to the fact that she is so attached to her brother and that she gives him the preference over a husband and children, many philologists, led by Goethe, declare these lines spurious.

(*c*) When Oedipus, having pierced his eyes, says that in future they may see in darkness (his mother), many scholars feel compelled to translate this as *not* being allowed to see in darkness.

(*d*) When Oedipus says that he seeks his mother's womb, many translate it that he seeks his mother.

(*e*) The classical scholars have recorded in their dictionaries that ' chrao ' means ' to crave ', ' to desire ' as well as ' to consult an oracle ', but they could not deduce from this that Oedipus was concealing his own desires behind the utterance of the oracle.

Very important, in this connection, seems to me the point raised by a classical scholar who, in other respects, did not judge my Dutch book on this theme unkindly. He objected to my opinion that very probably Oedipus never lived and that he is only the product of human imagination. This critic maintained that Oedipus really did live. I do not think it is difficult to guess what is the most fundamental reason why Oedipus must have been an historical character. If he committed the crime, then he is the only one who did so, and consequently it is not true that we all have these urges and fears within us. I believe that the deep impression made by Sophocles' drama was due to the fact that through the disguised indications of these feelings it could arouse in the spectators and readers those same feelings, also not openly and undisguised, and yet in such a way that something stirred in the soul of the spectator. But even he could remain at ease and say: You see, it has been shown that not all inhabitants of Thebes, not every man, not all of us, not I, but only Oedipus has done this. So Oedipus has taken upon himself the guilt of all and has atoned for it.

Naturally the study of these dramas led me back to the problem of poetic talent. It has not taught me much about the typical qualities of this talent. I would, however, maintain that in any case the genuineness and mobility of the dynamic balance between urge and defence plays a part in it. The poet must be able to allow the repressed emotions to express themselves, but they must not do so undisguisedly and openly. In this way the poet can arouse in readers and spectators the same emotions, but they must only be touched upon, and not clearly evoked, for then emotions no longer admissible would be created, and even aversion and fear would be aroused.

It is striking that in the treatment of this material, the poet Sophocles has shown us exactly the same mechanisms at work as we can observe daily in our patients. I could illustrate this with innumerable examples, but will limit myself to a closer consideration of the tragic element in these dramas. It appears, then, that in order to create the sense of tragedy, exactly the same mechanisms are used as those we meet with in the often tragic lives of our patients. Let us take Antigone as an example. She is presented to us as one who, because of circumstances and divine laws, is chosen for her heroic task, and more or less accidentally, but in any case tragically, there is connected with this the fact that she must forsake her husband, marriage, and children. But at a given moment Antigone herself says that the position is otherwise. She is so firmly attached to her brother that she prefers him to husband and children. The tragic part of it is thus created by the fact that man is forced by unconscious motives to do things which are in direct conflict with his conscious desires. This also holds good in the case of Oedipus. He is represented as being incited to his deeds by the will of the gods and according to the utterance of the oracle, in spite of the fact that he did his best to avoid committing them. But when we know that the same word which means to consult an oracle also means to desire, we can easily see that although Oedipus did not consciously want all this to happen, yet unconsciously he did. Here again the tragedy arises, in that the unconscious wishes are in such opposition to the conscious wishes.

RE-EVALUATION OF THE RÔLE OF THE OEDIPUS COMPLEX[1]

By MAXWELL GITELSON, Chicago, Ill.

It seems appropriate that a symposium on this topic should include an analysis of the myths and dramas from which the Oedipus complex derives its name—the more so since Dr. van der Sterren has also made some re-evaluations. He has called our attention to various references in the text to the preoedipal elements in the drama. He has demonstrated how the tendentious ambiguity of certain translators has screened the expression of the son's hostility to the mother as well as the father. He has established the parallelism between Jocasta and the bisexual Sphinx and shown the child's need to divide his ambivalence towards his mother. And finally, à propos of our discussion, he has said: ' The question may arise whether the emotions of the positive Oedipus complex are really so very clearly expressed (in the drama) because behind them the enmity towards the mother must be kept concealed.'

This question is of essential importance. In it is latent the issue of the relationship of pregenitality to the Oedipus complex. It suggests also the possibility of pregenital activity behind the oedipal scene as a factor in the major operations of the personality. These are among the problems which we should like to clarify to-day.

We have looked upon the superego as the heir of the Oedipus complex. Is the Oedipus complex similarly the successor to the several instincts, in a synthesis which focuses on the phallic organization, while subordinating earlier libidinal organizations? Or is it to be seen as the arena for the play of the component instincts? Is it the nuclear complex of neurosis and character formation? Is it only one factor among a series? Or is it possible, as Dr. Lampl-de Groot asks, that the ' central conflict lies in the preoedipal relationship to the mother '?

The last two decades have seen these problems crystallized around the findings and theories of a number of English analysts following the teachings of Melanie Klein. We have heard Dr. Heimann's lucid exposition of the position taken by this group of workers. Since we are not concerned now with the general metapsychological questions involved in this position, and since the papers of Waelder,[2] Glover,[3] E. Bibring,[4] and others have considered these questions at length, we may dispense with their further specific discussion at this time and allude to them only as our topic requires.

Now if one disregards the disputed metapsychological assumptions and the foreshortened chronological scale against which infantile development is viewed by the members of the English school, and if one attends to their content descriptions alone, one is struck by the cogency of their statements as regards clinical phenomena which we all of us observe.

Dr. Heimann has reported to us that the attainment of ' the whole object stage coincides at its inception with the polymorphous perverse condition of the instinctual impulses '. While the oral impulses are still predominant and internalizing processes are of leading importance, urethral, anal, and genital strivings are now playing an increasing part. In consequence the depressive position develops and leads in the end to the turning from the mother towards the father and the beginning of the Oedipus complex.

With the exception of the putative rôle of the genitalia, it can be agreed that this description coincides in general terms with what is more commonly known as the pregenital phase. And I think it can also be agreed that ' the most severe conflicts and anxieties relate to the primitive impulses and phantasies ' which belong to this stage of development.

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[1] With his paper Dr. Maxwell Gitelson opened the discussion of the Symposiim: ' Re-evaluation of the Oedipus Complex ', 17th International Psycho-Analytical Congress, Amsterdam, August 5–9, 1951.

[2] Robert Waelder (1937). ' The Problem of the Genesis of Psychical Conflict ', *Int. J. Psycho-Anal.*, **18.**

[3] Edward Glover (1945). ' Examination of the Klein System of Child Psychology ', *The Psychoanalytic Study of the Child*, **1.**

[4] Edward Bibring (1947). ' The So-called English School of Psychoanalysis ', *Psa. Quarterly*, **16.**

Thus Dr. Lampl-de Groot describes the anxieties of the preoedipal phase in terms comparable to those of 'depressive position'. In her paper to-day she says: 'As soon as the mother is recognized and loved as an object outside of the self, fears of losing the mother's love will arise in the face of conflicts between instinctual life and the mother's wishes. One important source of anxiety is (thus) given in the ambivalence conflict.' In her 1946 paper she presents graphic descriptions of two cases in which this is demonstrated.[5]

These considerations bring us to what seems to be the crux of the problem, namely, what is the relationship of polymorphous perverse and pregenital phases of libidinal development to the phallic and genital phases? Dr. Heimann states that the frank Oedipus complex is the final stage (at three to five years) of a process which begins in infancy (at the sixth month) and passes through various stages prior to this. Nevertheless, the general impression conveyed by her is that of a peculiar telescoping of time relations such as one might obtain from a naive view of the 'chaotic periods' which Dr. Lampl-de Groot has reminded us we observe during some analyses. And as regards Dr. Heimann's statement that 'throughout its course the Oedipus complex develops *pari passu* and in a reciprocal relation with the development of the instincts, the ego, and the superego', the 1947 paper by E. Bibring[6] has helped us to see that in fact this can be true only if the whole rate of development is considered to be much more rapid than any clinical or biological data now available would prove. That is to say, if the oedipal developments envisaged by the English school occur as early as it believes, then it must be assumed that there occurs a much more rapid maturation of compatible ego functions than seems to be the actual case. Thus, while it is possible that the whole object stage may be attained at six months, according to the observations of Gesell,[7] as late as the fortieth week the familiar figures of the child's environment still have an undifferentiated significance for him, so long as they do not disappoint his habitual expectations of them.

However, simply to entertain doubts about the validity of the position taken in Dr. Heimann's paper is no solution for our problem. The clinical facts which she has attempted to elucidate from that position have still to be accounted for. We have been accustomed to look upon pregenital material as largely the consequence of regression induced by castration anxiety encountered in the oedipal phase. We consider that the ego may revive from the unconscious the language of earlier phases and may thus present oedipal phantasies and impulses in the disguise of pregenital expressions. It is also agreed that the reverse occurs and that oedipal phantasies and attitudes may be the vehicles for pregenital impulses and phantasies.

Thus, Fenichel[8] in his paper on 'The Preoedipal Antecedents of the Oedipus Complex' presents three cases in all of which pregenital attachment to the mother is carried over to the relationship with the father. In his summing-up Fenichel came to the following conclusions:

(1) The oedipus prohibition reflects the pregenital prohibitions.
(2) Castration anxiety can remain oral (one case); or it can be built up out of the dread of losing fæces and the mother's breast (two cases).
(3) 'Eruptions' of sensuality can be recognized as the longing for oral incorporation expressed as the female patient's wish for coitus.[9]
(4) Finally Fenichel stated: 'Pure genitality seems to exist as independently as urethral and anal erotism. Only because it flowers later does it retain so many of those traces of pregenital origin which are derived from an earlier period.'

A year later, Freud in his paper on 'Female Sexuality'[10], having called attention to the fact that the duration of the passionate attachment of the little girl to her mother has been underestimated, stated: '. . . the preoedipal phase in women is more important than we have hitherto supposed. Since there is time during this phase for all the fixations and regressions which we regard as the source of the neuroses, it seems that we shall have to retract the universality of the dictum that the Oedipus complex is the nucleus of neurosis.'

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[5] Jeanne Lampl-de Groot (1946). 'The Pre-Oedipal Phase in the Development of the Male Child', *The Psychoanalytic Study of the Child*, **2.**

It is in this paper that she first made the observation again reported to-day that in the process of analysis oedipal material is presented in phantasies and reminiscences while, in contrast, the preoedipal material is acted out. It was here too that she demonstrated that the split mother image had its source not merely in the depreciation of the sexual mother but also in the *survival* of the preoedipal mother image.

[6] *Loc. cit.*

[7] Arnold Gesell, *et al.* (New York, 1940.) *The First Five Years of Life*. Harper and Brothers.

[8] Otto Fenichel (1931). 'The Pregenital Antecedents of the Oedipus Complex', *Int. J. Psycho-Anal.*, **12.**

[9] I have analysed a similar case in a male whose phallic orality included the fantasy of the penis as a sipper and a spoon.

[10] Sigmund Freud (1932). 'Female Sexuality', *Int. J. Psycho-Anal.*, **13** (*Coll. P.*, **5**).

Alternative to this viewpoint Freud suggested the following possibilities: Either the content of the Oedipus complex can be extended to include all the child's relations to both parents; or we can say that women reach the normal positive oedipal situation only after passing through a first phase dominated by the negative complex. Apparently, he accepted the second alternative and came to the conclusion that ' perhaps the real fact is that the attachment to the mother must inevitably perish because it is the first and the most intense . . . the little girl's vehement attachment to her mother is strongly ambivalent and . . . it is precisely this ambivalence (reinforced by other disappointments in the mother) which determines the child's turning away from her. That is to say, it is the consequence once more of one of the universal characteristics of infantile sexuality.'

In his further discussion Freud called our attention to the little girl's transition from the passive to the active attitude, which is inclusive of the foredoomed phallic strivings towards the mother, and came to the conclusion that the same preoedipal libidinal forces are at work in male and female and that for a time these take the same course and produce the same results.[11] Freud emphasized the great intensity of the preoedipal libidinal strivings, ' greater than anything that comes later ', and gave them neurosogenic status in their own right.

Even if we were to look upon the pregenital situation from the standpoint of Freud's first suggested alternative to the devaluation of the Oedipus complex, that is, if we were to extend our conception of the Oedipus complex to include all the relations of the child to both parents, which is what the English school has done, we would still need to consider that the three-person situation in its beginnings is nonsexual and non-competitive in the genital sense.

Thus in her paper on the ' Preoedipal Phase of the Libido Development ', Ruth Mack Brunswick,[12] on the basis of collaborative work with Freud, distinguished the Oedipus complex as characterized ' above all ' by the triangular situation and involving the love of one parent and the hostile rivalry with the other. But she went on to specify that in the pregenital situation the father is not yet a rival but simply another obscure figure of the environment who may be pleasing or displeasing; the mother is the central figure; other surrounding figures are not sexually differentiated and like the mother are only objects for passive and later active polymorphous aims. In many ways Brunswick's description of this period parallels what has been described by Dr. Heimann as the ' Early Stages of the Oedipus Complex ' with this important difference: The emphasis by Brunswick is on the active-passive, non-sexual polarity of the pregenital child, in contrast to the phallic-castrated genital polarity of the oedipal child described by Dr. Heimann. It would appear that this is a distinction of the first order, since without it there exists the opportunity for that misidentification of pregenital and oedipal characteristics which has made it possible for the English school to overlook the facts of the rhythm of development and to retrograde the first appearance of the true Oedipus complex.

In addition to the considerations already entertained, we must also recall the fact that the last two decades have brought to the attention of analysts a large body of material which was originally considered unsuitable for analysis but which our sharper view of pregenitality has enabled us to study more thoroughly. While Fenichel insisted on the centrality of the Oedipus complex, in contrast to Freud's own more liberal attitude,[13] nevertheless he modified his position at least to the extent of making the following statement: ' Every single analysis provides fresh evidence of (the fact of the centrality of the Oedipus complex) *except* [14] those cases of extreme malformations of character which resemble a life-long psychosis and in which the subject's object relations were destroyed, root and branch, at an earlier period, or because such relations never existed at all.' [15] My own experience leads me to believe that the Oedipus complex may be absent or at best vestigial; that pathological development may be established by earlier constellations of factors; and that there may be more primitive libidinal positions which may be of central importance.

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[11] In these conclusions Freud concurred with the findings of Lampl-de Groot and Helene Deutsch.

[12] Ruth Mack Brunswick (1940). ' The Preoedipal Phase of the Libido Development ', *Psa. Quarterly*, **9**; *The Psycho-Analytic Reader* (1950). London: Hogarth.

[13] *Loc. cit.*

[14] My italics.

[15] *Loc. cit.*

In the United States it has been commented that at least a third of the cases which come to analysts are borderline cases with just sufficient development and integration of the ego functions to escape outright classification as psychotic. However, the structure and dynamics of these patients, as discovered in the analytic situation, reveal how much their lives are ruled by primitive operations of the ego and how much they are dominated by one-to-one instinctual object orientations. This applies not simply to their analytic situations but also to their external lives, in which pathological structure and function is often quite successfully concealed by a façade of apparently healthy ego operations. Many of these persons have actually *learned* how to conduct themselves with apparent adequacy in reality on a basis which suggests the early, primary identificatory learning of infants. The analysis of these patients is long and often stormy, yet some of them do mature enough in the end to come at last to what Dr. Lampl-de Groot has referred to as the ' convergent phase ' of analysis.[16]

It would be tempting to dispose of the clinical picture of such borderline cases by having recourse to the classical formulation, namely, these patients present a regression from the castration fear encountered in the Oedipus situation. But I am inclined to believe that they have never integrated the phallic position. While they have attained the whole-object stage, this has been at the narcissistic, identificatory, and anaclitic level. I am also inclined to think that the nuclear problem in such cases resides in the primary mother-child constellation. Thus, I have the impression that much of what the English school puts forward is not relevant to the transference neuroses. On the other hand it would seem that a re-evaluation of the material which Dr. Heimann considers to have phallic and oedipal reference would help to throw a great deal of light on the narcissistically injured pregenital types of cases to which I have referred.

In conclusion: we must be impressed that even the more conservative position of Dr. Lampl-de Groot points up our increased awareness of the importance of pregenital conflicts in determining the structure and dynamics of the Oedipus complex. The very evolution of the analytic process as she has described it is indicative of the fact that the failure to solve the Oedipus conflict is backed up by unsolved problems of the pregenital phase. When the latter are successfully worked through the patient can return to the problem of Oedipus and in a correctly conducted analysis he can now solve this too. The Oedipus complex thus has apical importance not so much as the nucleus of the neuroses but as the nucleus of normal character structure and as the basis of mature life.

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[16] I paraphrase her remarks about this during the present symposium as follows: As the result of successful analysis of pregenitality the mother attachment moves towards the phallic phase; the Oedipus complex then reappears in normal form, free from pregenital material.

ON LOVE AND HATE[1]

By MICHAEL BALINT, LONDON

I

If one has to ask the reader to re-examine some old, very familiar concepts, it is advisable to quote as an illustration a quite simple example. So I wish to begin with one which is an almost commonplace event in psycho-analytic practice. A patient of mine, a woman in her middle forties, recently bought a house, the first settled home in her much unsettled life. Of course, it was a great event; the house had to be altered, furnished and made just as she wanted it to be. I will not dwell on its obvious significance as a symbol of herself and behind that, of her mother. Anyhow it was a great thrill. Then she heard that a couple intended to visit her and to stay in the new house for about a fortnight. They were old, well-proved friends, and she was delighted that they were coming. They arrived, the house got ready just in time, and it was a great happiness. She could not repeat often enough how nice it was to have people one really loved as the first guests in a new house.

To our great surprise, within a few days, gradually, almost imperceptibly, feelings of irritation, tension, and uneasiness arose in her. The irritation increased till it amounted to a fairly severe anxiety state which, however, could be kept under control, though only with some difficulty. Gradually she became impatient: for heaven's sake, if only the people would leave! At this point some analysis became possible and we discovered behind the impatience and anxiety a bitter hatred against her 'friends'. As a result of this piece of analysis the anxiety subsided; the friends eventually departed, but the hatred against them remained practically unaltered.

Now this pattern was already well known to both of us. Anybody approaching her in friendship is equipped willy-nilly with 'angel wings' which (subjectively) means a blissful expectation that now she will *really* be loved, and she will be able to love *safely*. In this incident we discovered once again that it is impossible for anyone to live up to her expectations, that everybody must fall short of them because everybody has *also* his own life, needs, interests which are of necessity independent of, and so practically always different from, hers.

Her whole life has been an endless repetition of this same pattern. She has always been terribly in need of love and affection; several times it has happened that she has thrown herself away at the first signs of some slight attention. The person in question was then equipped with the 'angel wings', and for a short while she lived in blissful expectation. Then because of the other person not being identical with her, certain privations were automatically and unavoidably imposed upon her which she interpreted as heartlessness and cruel neglect; the result has always been a painful disappointment. This soon turned into hatred; the partner was discarded as bad, heartless, rotten, cruel, etc. Quite often, as in the incident reported here, the hate had to be repressed and severe anxiety appeared in its place.

Now let us consider what happened here. The sequence of events doubtless is: love—hate—anxiety. The change back from anxiety to hate can be fairly easily achieved with our psychoanalytic technique, whereas the next step, the change from hate to love, appears much more difficult. A number of problems arise here. The first question is, is the form of love described here love, or something quite different? Can one say that my patient 'loved' her friends before the fatal visit or not? At first this appears to be an unimportant innocent and somewhat academic question, but as I hope to show, any answer to it involves us unavoidably in very serious theoretical commitments. My contention is that the patient *did love* her friends, but she did so in a queer, very primitive way. Other workers in psycho-analysis have other ideas about this primitive relationship. I propose to sum up these other ideas very briefly before discussing my own views.

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[1] Paper read at the 17th Int. Psycho-Analytical Congress, Amsterdam, 1951.

Before doing this, however, I wish to stress a very important point. And that is that this kind of love is markedly different from what we call mature love. On the other hand the hate and anxiety shown by my patient cannot be called either mature, or infantile, or primitive. I am inclined to think that this difference is a fundamental one, i.e. there is both a mature and a primitive form of love, whereas anxiety (and to some extent hate) exist only in primitive forms.

The various attempts at explaining the nature of the difference between primitive and adult love are usually treated as rivals, and as mutually exclusive. I prefer to consider the several descriptions as complementing each other by throwing light on one aspect or another of this complicated structure or, in other words, as overdetermining factors.

One attempt stresses the *weakness of the ego* in the infantile form of love. Because of this weakness the individual is unable to bear any serious frustration and has to mobilize all sorts of defensive mechanisms against it, especially anxiety. But, if we accept this, should hate be considered also as a mechanism of defence? Closely associated with the idea of the weakness of the ego is the other, stressing the *undeveloped or faulty reality testing* which then allows the persistence of infantile hopes, demands, and expectations far beyond what is really possible.

A third attempt lays the emphasis on *strong innate sadistic tendencies* (according to one theory originating from the archaic death instinct), as the result of which either no safe fusion with libidinal tendencies develops or, if one does develop, it is unstable and easily upset by any privation. Such people can only have ambivalent relations to their objects, their love being easily smothered by their destructive tendencies or their sadism. Another attempt also based on the idea of strong sadistic tendencies answers our question by stressing the importance of *splitting processes* both in the mind and (especially) in regard to the objects. The love objects of such people are easily split and/or changed from extremely good to extremely bad ; the latter are then pictured as indifferent, heartless, hateful and cruel, or, in one word, persecutory, giving rise in the individual to feelings of hatred and anxiety in place of love.

Yet another attempt at explaining this difference between mature and primitive love is to relate the inability to maintain loving relations for any length of time to *strong narcissistic tendencies*, whether innate or acquired, i.e. scars of early frustrations. Closely linked to this idea is that which explains the inability to love by *depressive fears*, i.e. by an impaired ability to bear ‘ normal ’, inevitable depressions. Such an individual cannot accept as unavoidable even the slightest amount of frustration by reality, and must resort to hatred and anxiety, whereas a normal individual, although aggrieved within reason, can bear it.

The last theory but one I wish to discuss uses the conception of strong oral tendencies, especially that of *oral greed*. Nowadays this theory is perhaps the most fashionable. Every desire or need, if difficult to satisfy, is thought to be a derivative of this oral greed ; every desired object of such need represents milk ; every person towards whom such desires are directed stands for the ‘ good ’ or ‘ bad ’ mother (or breast).

It has been said time and again that ‘ oral ’ describes only one of several aspects of such very primitive object relation, although admittedly a very conspicuous one. Other aspects equally important are warmth, bodily contact, familiar smells and tastes, or in one word, proper care and nursing. We all know that physiologically most proper food given without adequate nursing and especially without adequate bodily contact usually brings bad results, whereas with less proper food but with understanding and devoted nursing children thrive and develop well. Thus, if ‘ oral ’ were used not literally but only metaphorically, on the basis of *pars pro toto*, I could raise no objection to it.[2] Unfortunately this is not the case.

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[2] I wish to call attention here to the distressing and pathetic one-sidedness of our theory. Practically all our technical terms describing this early period of mental life have been derived from objective phenomena and/or subjective experiences of the ‘ oral ’ sphere ; as for instance : greed, incorporation, introjection, internalization, part-objects, destruction by sucking, chewing, and biting, projection according to the pattern of spitting and vomiting, etc. Sadly enough, we have almost completely neglected to enrich our understanding of these very early, very primitive, phenomena by creating theoretical notions and coining technical terms using the experiences, imagery, and implications of other spheres. Such spheres are, among others, feeling of warmth, rhythmic noises and movements, subdued nondescript humming, the irresistible and overwhelming effects of tastes and smells, of close bodily contact, of tactile and muscle sensations especially in the hands, and the undeniable power of any and all of these for provoking and allaying anxieties and suspicions, blissful contentment, and dire and desperate loneliness. It is highly probable that because of this omission, the time will come when our present theories will be considered as badly deficient and hopelessly lopsided.

In the same way I have to object to the use of 'greed'. 'Greed' does not describe the true situation, it gives only a subjective impression of it in adultomorph language. To us adults a child (or my patient) appears greedy because (1) if frustrated or compelled to wait, very noisy, highly dramatic, and vehement symptoms appear, and (2) if satisfied, hardly anything can be observed by an outsider as the gratification brings only a state of quiet, tranquil well-being. Our theory then values what is noisy as highly important, what is silent as unimportant (it is even possible that silent signs remain unnoticed by the theory, moreover it is certain that they are hardly ever mentioned) and thus develops a distorted picture of a highly greedy infant.

In my view in this peculiar form of love proper and timely satisfaction of *all* needs is crucially important, because of the infant's (or the patient's) almost *absolute dependence* on the object. Or, changing our point of view, not the infant is greedy but the object and the gratification are all-important. Because of this overwhelming importance of object and gratification hardly any allowance can be made in their respect. *The object is indeed only an object* and must be treated as such, i.e. no consideration or regard can be paid to its interests, sensitivities, or well-being; it must be, and in fact is, simply taken for granted.

We find a very instructive example of this kind of object relation in the adult's attitude to the supply of air. I do not think anybody would consider breathing as an expression of oral greed, although if the need for air is gratified we can see hardly any signs of satisfaction; on the other hand, if it is not and suffocation threatens, very noisy, dramatic, and vehement symptoms develop. Moreover the supply of air is taken for granted by all of us and we do not stop to consider whether the air does or does not like to be used by us for our own ends. Our attitude is simply: we need it and therefore it must be there for us all the time.

Another aspect of this peculiar love relation or two-person relation is *omnipotence*. The idea of omnipotence was very much in vogue till the time when ego psychology came to the fore (*c.* 1925), but then somehow got crowded out of our theoretical considerations. Recently it returned for the description of certain aspects of the primitive two-person relation we are discussing. I am afraid it is another example of our thinking in adultomorph language. In fact 'omnipotence' never means a real feeling of power; on the contrary, a desperate and very precarious attempt at overcoming a feeling of helplessness and impotence. We call such an attempt 'omnipotence' if the following conditions are present: (a) certain objects and satisfactions can be taken for granted; (b) no regard or consideration need be paid to the object, the object can be treated as a mere object, as a thing; (c) there is a feeling of extreme dependence, the object and the satisfaction by it are all-important.

This is rather a surprising fact. We have found exactly the same dynamic structure in the case of 'oral greed'. A further, in my opinion, very important circumstance is that 'oral greed' and 'omnipotence' are practically always associated; that is if we find one of them in any two-person relation, the other is hardly ever missing. This very close association and the almost identical dynamic structure point convincingly to a common origin.

II

All 'pre-genital' or 'primitive' object relations contain—in varying proportions—these three ingredients: despondent dependence, denial of this dependence by 'omnipotence', and taking the object for granted, treating it as a mere object, as a thing. Or, in terms of two-person psychology: 'primitive object relation' means a relation in which *only one partner is entitled to make demands*, the other is treated as an object, albeit as an instinct- or love-object. An impressive argument for this conception is the sexually not dimorphous nature of all such 'pre-genital' relations; e.g. in the mother-child relation, the basic relation of all our theories, it makes no difference whether the child is boy or girl; anybody—father, mother, brother, sister, maid, etc. etc.—can be bullied equally well by a boy or girl, and the same is roughly true of scoptophilic gratifications.

The basis of all such pre-genital or primitive object relations is faulty reality testing, either still undeveloped (in infants) or stunted (in adults like my patient). That is why this 'omnipotent' or 'greedy' love is unstable, doomed to meet with frustration and to lead on to hate. In order to change to a more mature relation we need much more reliable reality testing. We have to realize that our needs have become too varied, complicated, and specialized, so that we can no longer expect automatic satisfaction by our objects; we must be able to bear the depression caused by this realization; and we must accept the fact that we have to give something to our object, something that he expects from us, in order to change the object into a *co-operative partner*. The object can no longer be taken for granted, it must be induced to enjoy giving satisfaction to us, i.e. he must come to have his or her satisfaction at the same time, in the same *mutual action*. To establish this mutuality, to change a reluctant and uninterested object into a cooperative partner, means both tolerating considerable strains and maintaining a steady and reliable reality testing. I have called this *the work of conquest.*[3]

In contrast to the pre-genital relation, this genital or adult relation is always sexual (usually heterosexual but may be homosexual) whereas the pre-genital object relation is usually sexually non-dimorphous. Closely linked with this change from non-sexuality to sexuality is that other development, which has already been pointed out, from taking the object as a mere object to treating it as an equal partner, as a sexual human being.

If the work of conquest has been successful and the subsequent work of preserving is adequate, love and harmony may develop on the basis of mutuality.

III

Where is the place of hatred in this development ? Is hatred just as normal and natural as love ? Or is it something different ?

Our theory based on the assumption of the two archaic instincts of life and death would suggest an equal status for love and hate. Moreover, our clinical experience seems in a way to confirm this view. A really healthy man must be capable of both love and hate ; if his faculty for either is weak, his health is somehow unstable. There is a further similarity : quite primitive hate is unconnected with any reality testing, being in this respect very much like pre-genital love. On the contrary mature hate means taking into full consideration what would most hurt the object of our hate. A child would hit back at the table leg which hurt him without consideration and without testing whether it will cause pain to the table leg or not. The adult form of hate is perhaps best illustrated by an anecdote of the time of the Nazi régime. A group of Jews, refugees from Germany, are sitting in a café, and discussing what should be done to Hitler after victory has been won. All sorts of cruel retaliations are proposed until one silences the discussion : ' We shall sit here in this café and you, Schwarz, will say to me : " Look, there, at the next table, there is Adolf Hitler ! " And I shall say : " So what ? " '

In our first approach we found a kind of equal status for love and hate, but we must ask how far this parallel holds true. In my opinion, closer examination reveals important differences. Love in a healthy man ought to be fairly constant, steady, unchanging, almost unshakeable. Slight or even serious frustrations should alter it hardly or even not at all. Real love is understanding, forgiving, and forbearing. Hate, on the other hand, in a healthy man is only potential or incidental. When a really serious reason for it is present, strong or even vehement emotion should arise and be maintained. But it should be more like acute anger ; in contrast to love, hate should easily and speedily dissipate if the situation changes for the better. Somehow it seems as if hate and health could tolerate each other only for short intervals, while love and health appear almost as inseparable comrades over long periods.

How shall we explain this important difference ? I wish to submit for discussion one explanation which I know is neither the last nor the deepest but one that perhaps can account for a number of the characteristics of hate discussed here. In my opinion *hate is the last remnant, the denial of, and the defence against, the primitive object love* (*or the dependent archaic love*).

This means that we hate people who, though very important to us, do *not* love us and refuse to become our cooperative partners despite our best efforts to win their affection. This stirs up in us all the bitter pains, sufferings, and anxieties of the past and we defend ourselves against their return by the *barrier of hatred*, by denying our need for those people and our dependence of them. In a way, we reassure ourselves that these people, though important, are bad, that we no longer depend on the love of *all* the important people, that we can do without the love of the bad ones among them.

This theory would explain the ease with which love can change into hate and the great difficulty of changing back hate into love. The change of love into hate is a subjective, intra-psychic process. The object itself need not take any part in it, may often remain completely unaware of this process. On the contrary the change of hate into love can happen only if, in addition to the intra-psychic process, the object too can be changed into an affectionate partner, i.e. a considerable change in the external reality is also needed.

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[3] ' On Genital Love '. *Int. J. Psych-Anal.*, 1948, **29.**

This theory enables us to understand why hate, especially persistent hate, makes us suspect a somewhat immature ego. In fact persistent hate has never been left untouched by psychoanalytic treatment and under analysis it has always revealed itself as a derivative of frustrated love—a familiar fact, often used by poets, playwrights and novelists of all ages.

On the other hand, incidental, not persistent, hate appears in the light of my idea as on the whole a good institution. It is a not-too-expensive guardian of our maturity, preventing us from sliding back into the archaic object world, into the infantile dependence on the affection of our environment.

The more mature an individual is, the less is his need for barriers against regression into primitive forms of object love, and so the less is his need for hatred. But not all of us can reach this high standard, and so for most of us the need for some hate remains. Perhaps this ideal standard of complete maturity is the true meaning of the traditional ending of the fairy tales: 'They lived happily ever after.' People who have reached that stage of maturity can be thought to be able to solve all their problems of love without resorting in any way to hate.

If we accept my idea then love and hate have no equal status. Love is the more general notion, more people and things can be loved than hated, because hate has the additional condition of a denial of dependence. It is easy, for example, for a Londoner to find an elephant or a giraffe in the zoo 'lovely', but very difficult to hate it. Love has no bounds, everybody and everything can be loved that has ever satisfied our needs, or from whom or which we may expect any satisfaction in the future. Hate has the additional condition that only people and things on which we depend can be hated. Hate is a measure of inequality between object and subject; the smaller the inequality, the more mature the subject, the less is his need for hate.

IV

It is high time to stop and examine where we have been led by this train of thought. We have come to have serious doubts whether hate can be given the same status as is given to love. Love—or at least a very primitive form of love—appears now, in the light of these considerations, as a more general and above all more primitive form of object relation; on the other hand, hate becomes less general and secondary, its range of potential objects is considerably more restricted, its dynamic structure more complicated, and above all it cannot be so easily tolerated by a healthy ego as can love.

This is dangerous ground indeed, as it involves us in the re-examination of the vexed problem of the two archaic instincts of life and death. If hate proves to be of secondary nature as compared with love, then very likely the status of the death instinct needs a careful re-examination too, and with it the theoretically assumed primary aggressiveness, primary sadism, primary narcissism, and possibly many more. It is certain that in this case our ideas about masochism must be reconsidered too. A really formidable task, so let us see whether there is a way to get round it.

One way would be to assume that the primary, archaic, object relation is so primitive, that it cannot be called either love, hate, or narcissism, or anything; all these are contained in it in rudimentary form as yet indiscriminable from one another, and they appear and become discernible only during later development. This is certainly an attractive idea: to say the least, it would enable us to continue our endless discussions about the true nature of the infantile mind.

But, we ought to ask ourselves, what else would we gain by this idea? And, moreover, what is the price to be paid for it? Every theoretician will agree that conceptions having only negative characteristics are very reassuring and comfortable; one can go on talking about them without much effort as it is almost impossible to catch one out. If one's opponent argues from any positive finding, one can easily defeat him by pointing out that nothing positive can relate to the original conception. If the primitive object relation is neither love, nor hate, nor narcissism, and in spite of this all these are contained in it *in nuce*, then everything in the world, and in addition the opposite of everything in the world, can be postulated as pertaining to this primitive object relation.

A further difficulty will arise in connection with two of our fundamental clinical experiences: regression and fixation. One dynamic factor in every mental illness—whether neurotic or psychotic—is the establishment of some primitive form both of satisfaction and object relation in place of the mature one. This is brought about either by a stunted development, i.e. fixation, or by being thrown back from a higher level, i.e. regression. I am certain there will be no difficulty in finding examples in any analyst's practice for the form of primitive love described in this and in several other of my papers. But, I do not think anybody could give instances of the theoretical primitive object relation possessing only negative qualities that is a relation which is neither love, nor hate, nor narcissism ; in my opinion, because no such state exists. Though I must admit that it is possible to argue that any observed and observable state has *not yet* regressed far enough to reach this theoretical state. I think I have proved the inherent fallacy of any argument using the words ' not yet ' in my paper on ' Early Developmental States of the Ego.'[4]

And, thirdly, what shall be our ideas about the dynamic mechanisms that start and then maintain the processes that change this primitive form of relation into a mature one ? Are these inherent in human biology, i.e. at least potentially innate, or are they mainly external, i.e. originating in the environment ? Considered from this angle we must admit that our work as analysts consists above all in providing well aimed and well controlled external influences for the release and maintenance of such evolutionary processes. I think we may also agree that the chances of any considerably regressed individual for emerging on his own from regression are not very good ; on the other hand, given ' proper ' analytic help his chances become considerably better. From this angle ' proper ' analytic help means very favourable external conditions for changing a primitive object relation into a mature one. I think we may further agree that ' proper ' analytic help—from the point of view of the analyst—means as little ambivalence as possible, i.e. very little hate, a very fine and never relaxing control over the analyst's own satisfactions in the analytic situation, an ever present alertness to respond in the ' right ' way to any need or demand of the patient, a constant watch over any possible over- or under-stimulation of the patient by the analytic process, resulting especially in inhibitions and anxiety, and dissolving any such anxiety or inhibition preeminently by means of understanding interpretations. These are only a few outstanding characteristics of the complicated rôle that the analyst has to play, but I think this much will be enough to prove that the rôle is—in many ways—that of the object of the primitive love described in this paper, an object that can be taken for granted, to whose interests, feelings, sensitivities no regard need be paid, who is always there when needed, in fact, who can be used and treated as a mere object, as a thing.

To sum up : To assume a primary state which, though object-related, cannot be described either as love, or hatred, or narcissism, is profitable only in so far as it permits us not to commit ourselves in any way. I cannot see that it could be useful in any other way. States met with in patients, however deeply fixated or regressed, do not correspond to such a theoretical assumption ; on the other hand, they fit exactly into the picture of primary object love. An equally weighty argument is that the other partner of this primitive two-person relation, the analyst, agrees in every respect with the ' object ' of the primary object love, both in his actual behaviour in the analytic situation and in the rôles he has to play in the patient's phantasies.

V

This leads us to our last topic, the significance of my ideas for our technique. I think this is such an important question that I intend to examine it in a separate paper. Here I wish only to point out that what we call analytic situation is almost exactly the same as what I call ' primitive object love.' The analyst is taken for granted and is treated as an object, as a thing. The patient, on the other hand, shows all the characteristics described in the introductory part of my paper. These are : considerable weakness of his ego, faulty reality testing, strong sadistic tendencies, splitting processes both within his own mind and with regard to his objects resulting in a paranoid picture of the world, strong narcissistic features, marked fears of any depression and above all ' oral greed ' and despondent ' omnipotence.' I wish to add to this description that all these affects, feelings, sentiments develop only under the impact of the analytical situation but are practically independent of the analyst's age, sex, personality, and—within surprisingly wide limits—even of his individual variant of technique.

For a long while the therapeutic process consists in studying and analysing this or that facet or component of this complicated and precarious object-relation, which—for want of a better word—is usually called transference. Sooner or later changes appear in the patient's emotions, associations, and behaviour which we call *genital transference* in contra-distinction to the former *pre-genital transference*. (These two terms are shortened expressions for the correct ‘ transference of emotions, feelings and attitudes etc. characteristic of genital—or pre-genital—object relations ’). On closer examination all these changes appear to point in one direction, which is accepting the analyst as a ‘ real ’ person. That means, that the patient tries to find out his analyst's wishes and desires, interests, needs, and sensitivities, and then is at pains to adapt his behaviour and associations, even his use of phrases and forms of speech to the image formed of his analyst, in order to find pleasure in the analyst's eyes. I wish to call attention to the almost exact correspondence between this ‘ genital transference ’ and what I called ‘ work of conquest.’ The aim of both is to induce a recalcitrant object (the analyst in this case) to become a cooperative partner.

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[4] *Int. J. Psycho-Anal.*, 1949, **30.**

The third and last stage on this road leading towards health is what we call *transference to real objects*. The patient gradually realizes, understands, and accepts his analyst's shortcomings especially in relation to himself (the patient). Parallel with this process he renounces bit by bit his wish to change the analyst into a cooperative partner, i.e. to establish a harmonious relation in which the two partners—patient and analyst—will desire the same satisfaction in the same *mutual* act, and turning towards the world of external reality tries to find someone else there, better suited for such a purpose.

I am fully aware that my description of the complicated therapeutic process is scanty, meagre, highly condensed, and simplified. My only aim is to provide a frame in order to put into proper perspective the consequences arising out of my ideas about the origin of hate.

The first phase, which may be called pre-genital transference, or more correctly establishment in the analytic situation of an object-relation according to the pattern of primary object love, or briefly : *primary transference*, comprises all the factors which we found active in the formation of hatred. These are, once more : despondent dependence, denial of this dependence by ‘ omnipotence ’, and ‘ oral greed’, or in other words : establishment of an oppressive inequality between subject and object. It would mean carrying coals to Newcastle to prove that in every analytical treatment a momentous amount of hatred is inevitably evoked,[5] and, if not dealt with adequately, may either wreck the therapeutic result, or—despite a good result—may colour for a long time, even for good, the patient's feelings towards his former analyst. We say that in such cases the transference was not properly resolved. Although true, this statement is not specific enough. What in fact happened was that the patient remained dependent on his former analyst, the inequality between his object and himself did not cease to exist, and so one possible solution for the patient was the erection of a *barrier of hatred* against his object, the analyst.

We know also of another solution, and this is the *perpetuation of the dependence* in the form of an interminable analysis. In such a relation any suggestion of a possible termination of the analysis mobilizes anxiety and hatred, which have to be dealt with by further analysis, and so on for ever. I know of cases in which this vicious circle could be broken only by some heroic procedure. It is easy to say that in a ‘ properly ’ conducted analysis such an outcome should not occur ; practical experience, however, shows that even analysts of the highest repute have occasionally had such a case. In other cases the dependence can be greatly diminished, the treatment eventually terminates, but the patients remain in the peripheral orbit of the analyst as his ‘ faithful children.’

This leads to the third, perhaps still less pathological, solution which might be called *idealized*, or more correctly *dependent identification*. Here too the dependence is perpetuated, albeit in a sublimated form. *Identification with the aggressor* would describe another aspect of this outcome. If one cannot conquer the object, the opponent—and the analyst is but very seldom conquered—in order to avoid hating him, one must accept him wholesale. Then there is no hate on the surface, but to a large extent the patient himself disappears with his hate—and love. Uppermost is his unconquerable and inexorable analyst with all his terms, happy phrases, theories, his ways of experiencing emotions and his ways of expressing such experiences, even with his petty habits.

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[5] In addition to hatred, in every analysis there occur periodically blissful expectations and serious attacks of anxiety. In my opinion this triad is a characteristic diagnostic sign of primary object love in an adult.

In some cases, perhaps, this dependent identification may be a not too bad solution. After all, some people with weak muscles and flabby joints need supports; without their supports they are cripples, with their supports they may live a useful and fairly contented life. Although this is not a goal to aim at without some compelling reason, I do not see any justification for rejecting it altogether, even as a second or third best solution. Furthermore, some traces or even considerably more than traces of 'dependent, idealized, identification' can be detected easily in most successfully terminated analyses. It seems that if any human being has been exposed to the primary object relation, either in the original form as in infancy, or in a transferred form, as in the analytical situation, his mind will for ever bear some marks reminiscent of it. Moreover, it may be that it is only possible to alter an already established mental structure by subjecting the individual to the impact of this primary object relation.

To sum up: In some cases the result of treatment will be health behind barriers of hatred, a costly but not-too-bad protection against the wish to regress. In other cases the result will be a perpetual dependent identification, defending by idealization the object against our hatred. And lastly, in favourable cases, the lasting marks of this fateful primary object relation, of the primary transference, may amount only to unforgettable memories, sweet and painful at the same time. When describing such fortunate people, may I quote again the traditional ending of the fairy tales: 'And they lived happily ever after!'

IN SUPPORT OF FREUD'S SYNDROME OF "ACTUAL" ANXIETY NEUROSIS[1]

By ABRAM BLAU, M.D.,[2] New York

Anxiety (actual) neurosis, despite widespread opinion to the contrary, is a significant and frequent psychiatric syndrome which merits a prime and equal generic place alongside the psychoneuroses and psychoses. Its nature, etiology and treatment are discussed in this paper.

This important syndrome, described originally by Freud in 1894, seems to be misunderstood by many psychiatrists and psychoanalysts, and is often, perhaps usually, erroneously dismissed as an obsolete concept. How can we account for this? First, some find it difficult to understand fully the difference between a psycho-physiologic anxiety reaction which is the nature of the actual neurosis and a secondary psychological reaction to anxiety which is the essence of psychoneurosis. In place of today's loose synonymous usage, it would seem wise to resume the older, more exact designation of the term 'neurosis' for the functional physiological disturbance and of 'psychoneurosis' for the functional psychological syndrome. Secondly, many are misled by an untoward focus on Freud's early speculations about the origin of anxiety neurosis in sexual frustration. However, the existence of a clinical syndrome is a matter of observation and not of debate, and is not influenced by any difference of opinion about its etiology. To doubt Freud's early theory about the causation of the condition is no reason for denying the facts of his astute clinical observation. The only permissible questions are whether his observations can be duplicated and whether the differentiation of the syndrome serves any useful purpose.

The term neurasthenia was introduced by Beard in 1867 to describe a condition due to the exhaustion of the nervous cells through depletion of their stored nutriment. Essentially a neurophysiological approach, it stressed the unbalanced expenditure of nerve tissue over repair. In the light of the age in which it was formulated, the new syndrome of neurasthenia represented an advance in knowledge. The concept of neurasthenia, the dawn of the idea of differentiating functional physiological conditions from morphological neurological disturbances was a significant step towards delineating functional psychological conditions.

Early in the 1890's Freud began to discern psychoneurotic symptoms as functional physchological derivatives. Alongside these, however, he found other psychological symptoms that did not originate like the psychoneurotic ones from a repressed idea. Consequently, these were not reducible further by psychological analysis and were not amenable to psycho-analytic treatment. He therefore returned to Beard's concept of neurasthenia and differentiated anxiety neurosis as a particular type of neurasthenic or psychophysiological reaction distinct from the psychoneurosis.

Anxiety neurosis, according to Freud, is an actual neurosis, a physiological or physiopathological reaction. The signs and symptoms are basically physiological in nature and related to a central symptom of morbid anxiety. These symptoms are not psychological distortions of or defences against anxiety, as are psychoneurotic ones, but direct equivalents or incomplete manifestations of anxiety itself. Anxiety, it must be realized, is neither a psychoneurotic symptom like a conversion, phobia, obsession, or compulsion, nor a psychotic one like delusions or hallucinations. The latter are special developments originating from anxiety and serving to relieve it. Freud lists the following as variants or equivalents of anxiety: irritability; apprehension; palpitation, dyspnœa, sweating, tremor, shuddering, ravenous hunger, diarrhœa, vertigo, vasomotor reactions, paresthesias and nightmares. When these signs and symptoms are in the foreground, we have a true 'actual' neurosis made up primarily of direct anxiety and its varied visceral, psychological, and motor equivalents.

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[1] From the Psychiatric Service of The Mount Sinai Hospital, New York, N.Y. Presented at the 17th International Psycho-Analytic Congress in Amsterdam, Holland, 1951.

[2] Associate Psychiatrist, The Mount Sinai Hospital, New York, N.Y.

We may recall that a psychic conflict by itself is not yet a psychoneurosis. The conflict may be based on real and normal factors, as when a normal person is faced with a serious problem. Or it may be less than normal and considered neurotic when an inadequate person is upset by minor situations. But the manifestations of conflict *per se* are not psychoneurotic symptoms in either instance. The direct classical symptoms of a psychological conflict must be classed by themselves. Fenichel (1945) in his book devotes a separate chapter to them as actual-neurotic symptoms. He divides these into *negative symptoms* consisting of general inhibitions of ego functions due to a decrease of available energy, and *positive symptoms* consisting of painful feelings of tension. The negative symptoms include impotence; frigidity; inhibitions of partial instincts such as eating, looking, motility; and interferences in aggressive, intellectual, and occupational functions. The positive symptoms include episodes of anxiety and its many physical concomitants such as vasomotor disturbances, constipation, headache, diarrhœa, sweating, tremor, restlessness, sleep disturbances, and difficulties in relaxation. In chronic cases, fatigue, inability to concentrate, apathy, and other neurasthenic symptoms of impoverishment make their appearance.

Syndromes composed of actual-neurotic symptoms are extremely common, but these are currently hidden under the various other diagnostic names which mask the generic anxiety syndrome. As a corollary, a recognition of the basic identity of these various conditions leads to better understanding and classification by introducing a significant generalizing principle.

A. Terror Anxiety Neuroses (Traumatic 'Schreck' Neuroses).

The neurosis which follows sudden unexpected severe emotional shocks that threaten life, as in railway disasters, explosions, or war catastrophes, has been called 'traumatic neurosis'. This designation is confusing, because all neuroses are related in one way or another to traumatic emotional factors. Terror (*Schreck*) neurosis, a synonymous term used by Freud (1922) for this condition, is better, because it points specifically to the main etiological factor, the sudden fright.

True terror neuroses are very rare, even in war psychiatry. More commonly psychoneurotic or psychotic syndromes are released or precipitated by a shock; these are not terror neuroses but reactivated psychoneuroses or psychoses previously submerged within the personality. The characteristics of terror neuroses consist of actual neurotic symptoms like blocking of or decrease in various ego functions, spells of uncontrollable emotions, and severe disturbances of sleep. Very typical are dreams in which the trauma is experienced again and again, and also repetitive recollections in daytime fantasy of the terrorizing incident.

Freud (1922) showed that these recurrent dreams and fantasies resemble the repetitive play activities of children in which they attempt to master difficult situations psychologically. These signs, together with the other disturbances, indicate that terror neurosis is essentially a prolonged unrelieved anxiety state in which the ego makes repeated endeavours to recover an adjusted state. In terror neurosis the organism suddenly suffers a degree of excitation which is too high for it to manage, and a condition of continued anxiety develops.

However, as Fenichel points out, the expression 'too high' is a relative one. The capacity for mastery depends on constitutional factors as well as on all the individual's previous experiences. Certain severe overwhelming stimuli would obviously have a traumatic effect on anyone. Even the most normal person must have a breaking point. Such cases can be called normal terror anxiety neuroses, and theoretically these are the only pure terror neuroses. On the other hand, excessive reaction to lesser stimuli, which do not affect most people, implies a weakness of the ego structure. This weakness may have an hereditary constitutional root, but generally clear-cut neurotic character defects can be found. Accordingly, gradations of terror anxiety neuroses can be diagnosed, extending from those due to severe traumatic shocks upon stable personalities at one pole to neurotic terror anxiety neuroses from minimal agitation at the other pole. Many of the combat fatigue cases described in the next section are related to the neurotic terror anxiety neuroses.

B. Military Anxiety Neuroses (*Operational and Combat Fatigue*).

During World War II a unique psychiatric syndrome similar to the 'shell-shock' and 'neurocirculatory asthenia' of World War I was very common. The syndrome occurred either in the setting of simple military life without combat duty (operational fatigue) or in connection with combat duty (combat fatigue). It was characterized by insomnia, irritability, quarrelsomeness, palpitation, excessive fatigue, apprehension, anxiety, loss of interest, lessened ambition, poor appetite, loss of weight, headaches, nightmares, and repetitious dreams. It affected both 'other ranks' and officers, and no special group seemed immune.

Many of these cases ran a natural course to spontaneous remission after a suitable period of rest. More complicated cases continued in a chronically disturbed state and finally had to be discharged from the Service. Clear psychoneurotic syndromes, as seen in civilian practice, were relatively less frequent, and when these occurred, a careful history generally showed them to be reactivated psychoneurotic patterns which antedated military service.

An example may be quoted from a group of 500 psychiatric cases in the U.S. Navy reported by Lenzner and myself in 1946.

Case 1. A. P. S. was a 30-year-old reserve Petty Officer who had had nearly three years' active sea duty. At first he had found his days aboard a mine-sweeper simply monotonous and irritating. Combat operations were a welcome relief. Then he began to experience apprehension of mines. After the invasion of Anzio, where the action was intense and prolonged, he developed startle reactions, palpitation, apprehension, and disturbed sleep. These symptoms improved somewhat, but after the invasion of France, where action was relatively light, he noticed exhaustion on climbing stairs, ready palpitation, dyspnœa and dizziness on exertion, and severe headaches. Although his condition improved while on leave, he became worse when he was about to return to duty. After a period of hospitalization, he finally had to be discharged with a diagnosis of combat fatigue.

Other cases were essentially similar, The syndrome is clearly an anxiety reaction arising from the total disturbing situation rather than from personality inadequacies or combat conditions alone. The main distressing factor seemed to be the generally tedious and inescapable irritations of military life, such as military discipline, loss of individuality, daily inconveniences of living, subservience to orders, separation from friends and family. Furthermore, the most significant therapeutic measure was rest and relief from the disturbing situation by furloughs home, return from overseas duty, hospitalization, more time off duty, and most important, discharge from the Service.

These men seemed unable to adjust to the military situation despite honest and conscientious attempts to do so. Some succeeded at first but failed later with the accumulation of greater pressures. Some men failed earlier than others because of greater personality inadequacies. Others were fortunate in not being tested to their threshold of tolerance and thus by chance avoided a breakdown and completed a tour of duty with honour. To a certain degree all men at war develop anxiety states. In short, the development of these anxiety neuroses of war rests in the demands of an intolerably difficult situation from which there is no possibility of escape.

C. Childhood Anxiety Neuroses (Childhood Behaviour Disorders).

Children do not and cannot express anxiety like adults. Their position at home and in society is very much like that of the soldier in the army. Crying, restlessness, and behaviour disturbances are their commonest ways of showing anxiety. At best children have little freedom of action, and at worst they suffer extreme restrictions by virtue of their inherent weaknesses and dependent position. Too often submission means inhibition of their instinctual and other drives. Another recourse in anxiety is defiance and opposition. Thirdly, anxiety may affect their emotional and intellectual growth so that they take the path of regression to former infantile and more protected roles or become arrested at immature forms of behaviour. All these symptoms are direct behaviour reactions which are quite different from and short of psychoneurotic patterns.

Behaviour disorders, including so-called habit and conduct disorders, are therefore one of the most common syndromes of acute and chronic anxiety in children. They include the well-known signs and symptoms of ego restriction, regression, rebelliousness, timidity, obstinacy, irritability, sensitiveness, shyness, daydreaming, emotional instability, temper tantrums, truancy from home and school, lying, stealing, cruelty, food fads, nail-biting, thumb-sucking, incontinence, constipation, vomiting. These manifestations are actual anxiety manifestations of childhood which appear either negatively as inhibitions of social and biological functions, or positively as direct expressions of tension.

The following clinical examples of childhood behaviour disorders are run of the mill and not unusual. They are presented mainly to illustrate how most of the symptoms of childhood behaviour disorder are really anxiety equivalents.

Case 2. B. A., a bright 5-year-old boy, the second child of wealthy parents and cared for by a governess-nurse, was referred because of sporadic episodes of stuttering. Other complaints included thumb-sucking, overt masturbation, stubbornness, dawdling in dressing, poor eating, restlessness, impish teasing behaviour, fear of fairy tales, and occasional nocturnal enuresis. The problem centred around sibling rivalry with his elder brother, inconsistencies at home about discipline, love and direction by the mother, father, and nurse; the early wish of the parents, especially the mother, for the second child to be a girl, the mother's psychoneurotic character with emotional instability, narcissistic need to care for herself, impatience with the children, and tendency to frightening temper outbursts.

Case 3. C. R., an intelligent $7\frac{1}{2}$-year-old girl, was referred because of uncleanliness, negativism, feeding difficulties, regressive babyish behaviour, stealing, nightmares, anxiety spells with marked perspiration, and tomboyish activity. She was very competitive with her brother, three years her junior. The mother was aggressive, self-devaluating, had wished for a second son to name after her recently deceased father, was unhappy with her husband whom she described as too passive and weak. The child was a thin nice-looking girl, shy and defensive at first. In subsequent interviews she became friendly, talked about her bad dreams, bad thoughts, and her desire to be good.

Case 4. S. W., a very bright 8-year-old child, was disobedient, disrespectful to his mother and teacher, refused to wash and to practise the piano, was restless, mischievous, fought with other children, stole, had nightmares and masturbated openly. He gave the impression of an outgoing, talkative, impulsive, alert, eager child.

His background of training and discipline was confused by the inadequate personality and conflicts of his parents. The mother was uncontrolling, weak, inconsistent, overprotective, and overtly seductive. The father was strict, demanding, rigid, vindictive, harsh, and suspicious.

Case 5. W. Z., a 9-year-old boy of superior intelligence, was referred because of disobedience, restlessness, difficulty in learning, temper outbursts, destructiveness, and fighting with other children. When seen for diagnosis he was polite, friendly, and smiling, but squirmed in the chair and had tremors of the hands. He spoke of himself as a bad boy. He was a premaritally conceived child and unwanted, especially by the father. Parents separated when he was $2\frac{1}{2}$ years old, and he lived with his mother and a psychotic grandmother. His behaviour problem became aggravated when he was not promoted in school.

Case 6. H. P., a 15-year-old broad-shouldered, well-developed adolescent boy, was referred because he had become difficult to manage, disobedient and defiant, was reluctant to go to school, managed absences on various pretexts, did poorly in his school work, kept bad hours and had outbursts of temper during which he broke things and struck people. In contrast, he was outgoing socially, had many friends, was liked by people, did exceedingly well in athletics, was good in sport, had a charming personality and was popular with girls. The psychometric examination showed low average intelligence and marked retardation in reading ability. The father had a successful business and both parents were anxious that he should do well in school and go on to college. They were advised to relax their pressures for academic achievement. With special tutoring and psychotherapy, his behaviour improved.

These cases illustrate the point that children with behaviour problems are caught in difficult intolerable situations conditioned mainly by rigid neurotic parents. Although the behaviour disturbances are clearly anxiety equivalents, it is rare to find any conscious apprehension or affect of anxiety other than that occasioned by fear of outside criticisms or reprisals for their behaviour.

Unquestionably, these disturbed children already have character difficulties which contribute significantly to the reaction. The childhood character is frequently a counterpart of the parents' personalities, and the similarities account for much of the clash. Nevertheless, to the extent that they express self-assertion and opposition and do not submit passively, they are upset or upset other persons in their environment. Ultimately they must give in, effect a change, or endure the circumstances. In short, the behaviour disorder is very much an anxious expression of conflict with an oppressive environment and a weak attempt to gain a degree of independence.

D. Visceral Anxiety Neuroses ('Psychosomatic' Disorders).

There is still much uncertainty as to where the so-called psychosomatic disorders should be classified from a psychiatric point of view. These include the syndromes of peptic ulcer, hypertension, asthma, allergy, hay fever, ulcerative colitis, and the like. The designation 'psychosomatic' is descriptive and that of 'organ neurosis' points to secondary neurotic gratifications, but neither term focuses on the basic background.

Nonetheless, psychiatric authorities agree that at the root lies a chronic anxiety reaction which leads to the physiopathological visceral changes. The anxiety is expressed mostly in organic visceral terms of equivalents, or, as is often said, in 'organ language', Why this organic reaction to anxiety occurs only in certain cases and the reason for the particular localization is not yet clear. Any conscious awareness or affect of anxiety, at least to a degree to account for the extreme physical disturbance, is generally denied, The lack of affect in the face of serious physiological anxiety equivalents resembles the *belle indifférence* of conversion hysteria.

The anxiety is also manifested covertly by chronic direct emotional expressions such as hostility, anger, tension, worry, depression, apprehension, resentment, guilt. Or it is expressed, as in the childhood behaviour disorders, in outward behaviour equivalents such as restlessness, hyperactivity, tenseness, overeating, overtalkativeness.

What is the usual basis of the anxiety in these visceral disturbances? There is invariably an underlying rigid neurotic character which clashes over a long period with the individual's life situation and gives rise to chronic psychic conflicts. With their inflexible character structure, these individuals stubbornly persist in their patterns and are unable to change either themselves or their environment. A real conflict based upon the neurotic character and a difficult life situation continues unabated to produce a long-continued reaction of chronic anxiety. The following abstracts of psychiatric studies of visceral disturbances illustrate the background of the anxiety.

Case 7. *Peptic Ulcer.* S. L., a 27-year-old refugee with a duodenal ulcer, was studied on the Psychiatric Service from 6 April, 1947, to 28 May, 1947 and in the follow-up service for fourteen months subsequently. The gastric symptoms improved except for occasional minor recurrences following acute emotional episodes. He was referred by the Medical Service because of tremors, tenseness, insomnia, nightmares, and other signs of anxiety.

His background history included much misfortune and many unhappy incidents: a difficult childhood in a Polish ghetto, many years in German concentration camps, and the loss of all his family by cremation during the war. At first he attributed the onset of his ulcer symptoms and anxiety to the extremely cruel experiences in the ghetto and concentration camp and was reticent about his childhood and present life. Later, however, it became clear that the first gastric complaints appeared in early adolescence and were related to emotional family difficulties.

He was a passive dependent person, basically unhappy and dissatisfied with his life. Inferiority feelings about his background, vocation, and limited education conflicted with his great ambitions and superior intelligence, the latter borne out by intelligence tests. As the oldest of five children, he bore the brunt of the discord between his parents. He was very attached to and dependent upon his mother, who confided her troubles to him. His father, probably a passive man, deserted the family when the patient was 13 years old. He left school and took over the care of the other children while his mother went to work. Though ashamed of his father's work as a barber because it was held in low esteem, he had to turn eventually to this vocation himself. He denied masturbation and had begun sexual relations with prostitutes at the age of 15 years. When he was 19 he married, in spite of objections by his wife's family to his inferior education and trade. He wanted to get away from barbering, but when he came to this country he found that this was the easiest way to earn a living.

His wife was very domineering and they quarrelled a great deal. Sexual relations were not satisfactory; his wife was frigid and refused to have children although he wished for a family. Yet he was very dependent upon her, fearing to repeat the separation pattern of his father. He was disappointed in his relatives who had helped to bring them to the United States; he found them selfish and unfriendly.

The diagnosis was a neurotic character with passive dependent trends, particularly to his mother and wife. Projective tests showed marked constriction with passivity as the major defence against aggression. Overlying all was a picture of anxiety neurosis which presented the only direct psychological symptoms. Oral dependency trends suggested a specific psychological pattern to account for the gastrointestinal localization.

Case 8. *Hypertension.* H. V., a 34-year-old man with advanced essential hypertension and early heart failure, was studied on the Psychiatric Service from 24 July, 1948, to 30 September, 1948. In addition to psychotherapy and medical treatment, a sympathectomy was planned. However, he reacted with severe shock under anæsthesia and the operation was postponed. He improved and was sent to a convalescent home for two weeks. He then went home and returned to work and was followed in the Psychiatric Clinic. Shortly afterwards, the symptoms of cardiac failure recurred and he was readmitted to the hospital. Despite intensive medical measures he failed progressively and died on 9 December, 1948. The autopsy confirmed the diagnosis of hypertensive cardiovascular disease.

The psychiatric studies showed that he had been unhappy for a long time. He had many depressive periods with definite suicidal tendencies. His life was a series of disappointments.

He was the eldest of seven children in a South American family. As a child he was unhappy because his father was tyrannical and specially unfriendly to him. Though closer to his mother, she too disciplined him a great deal. He was underweight and considered the sickly one in the family. He grew up to be punctilious and exacting with himself, had an impulsive temper, rarely smoked or used alcohol. After two years of premedical courses he joined the army with the assurance that he could continue his medical studies, but he was stationed too far away from the university to do so.

After his army service, he became a member of his country's consulate in Washington as an interpreter and translator. He developed tuberculosis and had to be hospitalized. Following release from the hospital, he found his position was taken. He obtained a rather good job with an import-export firm, but again became ill and had to be readmitted to the hospital. Again he was extremely disappointed that his job had been filled during his absence. After a short visit to his native land, he took a poorly paying job in a linen store, but left because he found it unsatisfactory. He was next employed as an adjustor in a department store, but found this position intolerable. In addition he felt it degrading for a person of his capabilities to do this kind of work. It was during this period that his hypertension was discovered.

Brought up as a Catholic, he lost faith and rarely attended church. His interests throughout life were artistic. He was always interested in people and had many friends. His sexual adjustment was unsatisfactory. He was engaged twice but never married. He had sex relations with prostitutes and suffered from premature ejaculations. He often wondered if he was sexually adequate. Since the age of 16, he had indulged in overt homosexual activities, generally seeking older men.

The basic psychiatric condition was a neurotic character with features of passivity, a sense of inadequacy and failure, depressive tendencies, and inability to express anger and aggression. He was considered weak and was actually a failure financially, socially, and sexually. His life pattern suggested a constant seeking of a surrogate father figure. Whether self-provoked or not, he repeatedly met with real frustrating situations in life and was unable to cope with them because of his personality inadequacies. The result was a prolonged tense anxiety state.

Case 9. Ulcerative Colitis and Obesity. J. S., an 18-year-old girl who had suffered for thirteen months from ulcerative colitis, was studied on the Psychiatric Service from 29 April, 1947, to 23 May 1947. The bowel reactions improved soon after she came under psychiatric care and diarrhœa recurred on only two occasions in response to emotionally disturbing situations. She was obese and had episodes of urgent desires for food. She reported emotional difficulties at home and school for a long time and these coincided with the onset of her colitis.

Her parents separated when she was an infant. The father was described to her as a coarse, crude, selfish man, and her mother often likened her to him and his family. The mother was a domineering ambitious woman who rarely encouraged her and constantly pushed her to do better. When the patient was about 8 years old, her mother began to be courted by the present stepfather. She became jealous and hostile to her mother for leaving her alone at night and recalled her terror of the darkness and flapping window blinds. She had strong desires to move her bowels but feared getting up to go to the bathroom.

The mother remarried two years later, and from the age of 10 to 15 years the patient felt relatively secure at home. She began to menstruate when she was about ten and a half; although not prepared, she did not seem to be unduly disturbed after some superficial explanations by her mother. At about this time she began to masturbate, but stopped completely when severely scolded by her mother. She then began to overeat, became excessively preoccupied with clothes, and showed obsessional neatness and tidiness. Her sister was born when she was 13 years old.

When she was about 15 a number of problems flared up. She began to show hostility to her baby sister and resented having to watch her at night when her parents went out. She would leave the baby alone while she went to parties in other apartments and then would feel very guilty. Her work at school began to fall off despite attempts to study harder and her mother's pressure to do better. Many conflicts with her stepfather developed. She became increasingly irritable with her mother and felt unwanted by both parents. She wished to marry merely to get away from school and home. She met a man seven years her senior and manœuvred him into becoming engaged. It was in the midst of these conflicts that her colitis started.

The psychiatric diagnosis was of a neurotic character with features of immaturity, overdependency, and obsessional oral and anal character traits. Involved in oedipal conflicts with rigid parents, she reacted with anxiety, negativism and defiance. Overeating and diarrhœa seemed to be physiological equivalents of her anxiety state, and led to secondary somatic disturbances of obesity and colitis.

A striking feature of psychosomatic cases generally is the lack of active psychoneurotic or psychotic symptoms. Psychoneurotic and psychotic trends are condensed in the character structure in the form of traits. The active symptoms are mainly visceral disturbances and direct behaviour expressions of chronic anxiety which in essence spells an anxiety neurosis syndrome. There is no question that neurotic character is at the root, but it is mainly due to the inelasticity of the total situation that an anxiety neurosis develops. And it is the anxiety neurosis and its consequences that requires immediate treatment. Treatment of the neurotic character is a long-term project. The provoking environment is generally more amenable to readjustment and the physical disturbances are best treated symptomatically.

E. Experimental Anxiety Neuroses.

Within recent years many investigators have followed the lead of Pavlov to produce neurosis in animals by introducing conflicting stimuli in conditioned reflex experiments. I have not had any personal experience with experimental neurosis, but descriptions show that the behaviour of these animals bears a striking similarity to anxiety neuroses in human beings.

The clinical picture of experimental neuroses is well known (Masserman, 1946). The previously quiescent animal crouches, trembles, has dilated pupils, breathes rapidly, shallowly, and irregularly, has a fast pounding pulse and greatly increased blood pressure. The animal resists being put into the experimental cage, attempts to escape, and avoids the experimental room and even the experimenter himself. It shows severe startle reactions and reacts adversely to sudden lights and sounds, constricted spaces, restraint, and especially repetitions of the traumatic stimulus. Many types of inhibition behaviour also develop. The animal may refuse to take food in or out of the experimental cage and even be reduced to a state of morbid inanition. Less severe neuroses show partial inhibitions of feeding. Previously well-learned reactions like the operation of a feeding-switch may be forgotten. Aberrations of motor functions range from cataleptic immobility to aimless hyperactivity. Psychosomatic-like disturbances include diarrhœa or constipation, loss of weight and susceptibility to eye and skin infections. Pulse irregularities, pollakiuria, incontinence, and ejaculatio præcox are also observed. There may be tendencies to isolation, decreased interest in sexual activities, and a more passive surrender to domination by other animals.

It may be claimed that it is extremely unreliable and speculative to attempt to compare the neuroses of animals with those of man. Certainly, we have no way of knowing about the subjective experiences of animals and whether these resemble those of humans in any way. We can only note the similarities of outer behaviour. Nevertheless, there are striking parallels between these artificially induced reaction-patterns of animals and anxiety neuroses in man. Except for the subjective complaints, the outer manifestations of anxiety and its equivalents of restlessness, inhibitions, irritability, and visceral changes are the same.

The manner in which these experimental neuroses are developed is significant. First trained to work a switch to obtain a rewarding pellet of food, the animal is then subjected to an air-blast, electric shock, or some other unpleasant stimulus when operating the same food-obtaining mechanism. In this way one situation represents two opposing anticipated experiences : a rewarding and a threatening one. The two opposing drives lead to a psychic conflict with its corresponding signs of anxiety. The basic provocation is clearly the second inimical stimulus introduced by the experimenter.

Discussion.

It is difficult to improve upon Freud's classical description of anxiety neurosis in 1894, and his reply to criticisms in 1895. These two papers can be re-read profitably by all psychiatrists who seek a lucid view of this problem. My purpose is only to re-emphasize its widespread occurrence and in the light of modern psychoanalytic theory to discuss its causation and treatment.

The Basic Symptom of Anxiety. In essence, anxiety is a form of emotion and a natural biological phenomenon. To some degree it occurs at various times in all people. At root, it is a physiological visceral response to counterbalance threats to the basic economy of the organism. The fundamental visceral reactions of anxiety probably change very little throughout life. The modifiable parts of anxiety are found principally in its provocations and the variety of ideational and motor forms of expression which are elaborated in the course of life.

As early as 1894, Freud recognized the basic difference between anxiety and psychoneurotic symptoms. All that can be analysed in the case of emotional expression is the stimulus for the emotion and the motor, ideational, and language form in which it is expressed. Emotion itself is an elemental phenomenon. Furthermore, the visceral aspects of emotion have a physiological nature separate from its psychological side, and this gives it an organic quality. It is this organic attribute of anxiety neurosis that makes it real and 'actual' and not abstract and psychological as is the background of the psychoneurotic symptoms.

The function of anxiety is to prepare the individual to cope with possible danger by anticipatory changes in the visceral, intellectual, and motor organization. When the threat is dealt with adequately and the danger removed, the anxiety reaction is relieved. An inability to handle the peril because it is too great or the individual's capacities too small leads to continued unrelieved anxiety. Many people who fail to cope with the anxiety situation realistically seek relief by the mechanism of denial and psychoneurotic distortion. The psychoneurotic symptom works out a compromise between the instinctual drives and the opposition from the outside or from the super-ego—all at a sacrifice to the ego. However, it is aside from our problem to discuss the mechanism of psychoneurotic symptom formation; the main point at hand is that the psychoneurotic symptom is motivated by anxiety and the psychoneurotic mechanism is essentially only one special way of relieving anxiety. A psychoneurosis is a partial immediate solution—unrealistic and unsatisfactory in the long run—of the anxiety problem. To the extent that a psychoneurosis is unsuccessful, to that extent does an anxiety neurosis with frank anxiety symptoms remain. Indeed, even in well established psychoneuroses, the adjustment is often fragile and easily upset. When this happens, an anxiety reaction reappears. This type of anxiety state is probably one of the most frequent, and may be designated as a *Decompensated Psychoneurotic Anxiety Neurosis*. These reactions are often temporary and easily relieved by the individual himself because he is generally aware of the traumatic factor. For instance, in the case of a phobia the individual is relatively composed as long as he can evade the specific phobic situation. In other cases of psychoneuroses, however, anxiety reactions recur disturbingly when the traumatic situation is a significant part of the individual's life and cannot be avoided. It is generally such incidents of anxiety that lead people to seek psychiatric help and psycho-analysis.

Case 10. H. C., a 25-year-old dental student, would become anxious, panicky, awkward and clumsy in laboratory work when under observation by an instructor. When working alone, however, he did unusually dexterous work. This problem also arose in shopwork at high school and radio school in the Navy. He did extremely well in his hobbies of aeroplane models, watchmaking, and other detail work. This provocation of anxiety in manual work was related unconsciously to his extreme guilt since adolescence about masturbation and fear of being observed by his father. Since he was familiar with this problem he could evade it ordinarily, but in dental school this was impossible and led to his discharge from the school. He then had to seek psychiatric help.

Etiology. In 1895, Freud approached the question of the causation of anxiety neurosis by a comprehensive review of the problem of the etiology of disease in general. He showed that a simple unitary statement, for example, that tuberculosis is caused by Koch's bacillus, is incomplete. He indicated that a comprehensive concept of disease must include at least four etiological factors of 'predisposition, specific cause, contributing cause, and exciting or releasing cause' (p. 122). In these first years of psycho-analysis, he claimed that the specific cause of anxiety neurosis was a 'sexual factor in the sense of a deflection of sexual tension from the psychical field' (p. 124), the concrete provocations of which were 'voluntary or involuntary abstinence, sexual intercourse with incomplete gratification, coitus interruptus' (p. 108). Subsequently, however, Freud (1926) discarded this hypothesis of the direct transformation of suppressed libido into anxiety.

With the modern view of anxiety as a signal of danger, we can now suggest that the precipitating causal factor for anxiety neurosis is a threatening development in the life circumstances of the individual. The difficult current situation invariably stands out as a common denominator. The problem is one of maladjustment in a particular situation—so much so that these might be called situational neuroses. We need only look for the situational provocation in the various types of the neurosis to be impressed with its prime influence.

But even if the factor of situational provocation is granted, is not the basic personality or character structure more fundamentally responsible for the development of any anxiety neurosis ? Is this not the reason why some fail and others do not in the same situation ? Undoubtedly this is true. But it is only a predisposing or contributing cause. The coincidental occurrence of an unfortunate development in the outside environment is the crucial factor. Many soldiers with inadequate personalities are lucky not to be tested by situations which they cannot withstand. A ' poor rich ' spoiled child may be protected from life for a long time and not break down until he is forced out into the real world. Many inadequate people manage to avoid provocations by imposing intolerable situations upon other persons in their circle.

Indeed, along these lines, Freud expressed the view that every normal person might develop an anxiety neurosis if there should be a quantitative increase of the specific factor (pp. 124-125). There are unquestionably many more anxiety states than come to the attention of psychiatrists. In all probability, transient anxiety neuroses are seen most often by social workers, clergymen, and others who meet people in disturbing reality situations. Every person has his breaking point and with enough provocation will develop an anxiety neurosis. Thus, we can even differentiate normal and neurotic types of anxiety neuroses, depending upon the degree of the situational threat or the neurotic character deficiency respectively. Freud states ' Whether a neurotic illness occurs at all depends upon a quantitative factor, upon the total load on the nervous system in relation to its capacity for resistance. Anything which can keep this factor below a certain threshold, or bring it back below it, is effective therapeutically, since the etiological formula is thus kept unfulfilled.' (p. 126).

Treatment. This statement offers a key to the treatment of anxiety neuroses. The symptomatic relief of anxiety is frequently an urgent matter. Two courses are open : either the individual's tolerance should be increased or the threats from the environment decreased. The first is at best a long-term difficult project which involves changing the basic personality structure. For this purpose, character analysis is the technique of choice ; but since this cannot achieve its ends for a long time, it is impractical for ameliorating the immediate anxiety situation. More useful are the temporary personality changes effected more rapidly by supportive reassuring anaclitic measures that artificially enhance the strength of the ego. The inadequate personality is then in a better position for the moment to handle the anxiety and the situation. Direct advice and suggestion are of this type. These therapeutic measures may be compared with a child's coming to his parent for help when in difficulty.

On the other side there is the possibility of relief by effecting an environmental change. The hostile outside reality is altered. The anxious soldier is sent back from the front line, he is hospitalized, he is given lighter tasks, or he is discharged and sent home. The anxious child is placed in a better class at school, his needs are worked out with his mother and his teacher, he is offered social opportunities and outlets, his personal world is made more friendly. This is the area in which social workers do so much to help their clients. These measures certainly do not change the personality problem and only offer immediate symptomatic relief. Subsequently, when less obsessed by anxiety, the individual can better exploit his natural recuperative powers which were more or less paralysed by the anxiety situation. In psychosomatic conditions, physical reparative processes then find better opportunities. In any case, true psychotherapeutic measures can then be planned if practically possible to ameliorate the fundamental psychoneurotic character disturbance.

Accordingly, we can see why it is so significant to make a diagnosis of anxiety neurosis and to differentiate it from the psycho-neurotic process. Even in true psychoneuroses, it is important for treatment to separate the portion of the clinical picture which has the nature of anxiety neurosis. An anxiety neurosis is not only at the original core of a psychoneurosis but an unresolved degree of anxiety neurosis generally continues alongside every psychoneurosis. In therapy each requires a diametrically different approach. For the psychoneurosis, psycho-analysis is indicated, while the actual anxiety neurosis needs some reality change either by the direct use of the transference relationship or an alteration of the environment. In psycho-analytic practice, a technical problem which continually tests the skill of the analyst is the control of the concurrent anxiety neurosis so that it is kept at an optimum. Too great as much as too little anxiety detracts from the progress of an analysis, and we must proceed like the proverbial tight-rope walker in the proper handling of the concurrent anxiety neurosis.

The same problem faces the psychotherapist who is working short of true analysis. Psychotherapy involves a wide range of procedures, from the introduction of psycho-analytic insights at one pole to the use of direct transference, reassurance, support, and environmental alterations at the other pole. The treatment of the anxiety neurosis comes more to the forefront as we get further away from the possibility of analysing the unconscious processes. The less frequently the patient is seen and the more widely spaced the interviews, the more it is necessary to change the real factors contributing to the anxiety neurosis and for the therapist to come more directly into a supportive relationship. In all probability the treatment of anxiety neuroses represents most of what was pre-analytic psychotherapy and is still the basis for non-analytic psychotherapy as practised so widely by psychiatrists, social workers, and others. Many of the claims by non-analytic therapists of so-called rapid cures are merely alleviations of such anxiety states, and though dramatic in appearance, these should not be confused with fundamental psycho-analytic treatment.

Summary.

Anxiety neurosis represents a distinct generic entity meriting an equal nosological place with psychoneurosis and psychosis. Its symptomatology consists of primary ‘ actual ’ anxiety manifestations in contrast to that of the psychoneuroses and psychoses which is made up of secondary psychologic derivations of anxiety. Anxiety neuroses may occur alone or in combination with psychoneuroses and psychoses. Neurocirculatory asthenia, terror neuroses, combat fatigue and operational fatigue are examples of anxiety neuroses of war. The childhood behaviour disorders, psychosomatic disorders, decompensated psychoneuroses and psychoses, and experimental neuroses are essentially special types of anxiety neurosis.

The etiology of anxiety neurosis is explained by our modern understanding of anxiety as a defence reaction to a threat. It may arise on one hand from environmental provocations, as illustrated in the terror neuroses as well as in the many anxiety states of people faced with reality troubles ; or, on the other hand, from personality inadequacies, generally a neurotic character, reacting to lesser environmental disturbances. Anxiety neurosis represents essentially an imbalance in the individual’s capacity to handle a prolonged threat from the environment.

Treatment of anxiety neurosis involves strengthening of the character structure or relief from harmful environmental pressures. The former is a long-term approach which needs deep-seated psycho-analytic procedures. Environmental changes or direct supportive measures are more expeditious for immediate relief pending the later possibility of fuller treatment.

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SOME BIOPSYCHICAL ASPECTS OF SADO-MASOCHISM[1]

By MARIE BONAPARTE, PARIS

We all know Freud's two theories of sado-masochism. The first, originally presented in *Three Essays on the Theory of Sexuality* (1905) reads thus: 'The most common and the most significant of all perversions— the desire to inflict pain upon the sexual object, and its reverse —received from Krafft-Ebing the names of 'sadism' and 'masochism' for its active and passive forms respectively. Other writers have preferred the narrower term 'algolagnia'. This emphasizes the pleasure in *pain,* the cruelty; whereas the names chosen by Krafft-Ebing bring into prominence the pleasure in any form of humiliation or subjection.

'As regards active algolagnia, sadism, the roots are easy to detect in the normal. The sexuality of most male human beings contains an element of *aggressiveness*—and a desire to subjugate; the biological significance of it seems to lie in the need for overcoming the resistance of the sexual object by means other than the process of wooing. Thus sadism would correspond to an aggressive component of the sexual instinct which has become independent and exaggerated and, by displacement, has usurped the leading position.

'In ordinary speech the connotation of sadism oscillates between, on the one hand, cases merely characterized by an active or violent attitude to the sexual object, and, on the other hand, cases in which satisfaction is entirely conditional on the humiliation and maltreatment of the object. Strictly speaking, it is only this last extreme instance which deserves to be described as a perversion.

'Similarly, the term masochism comprises any passive attitude towards sexual life and the sexual object, the extreme instance of which appears to be that in which satisfaction is conditional upon suffering physical or mental pain at the hands of the sexual object. Masochism, in the form of a perversion, seems to be further removed from the normal sexual aim than its counterpart; it may be doubted at first sight whether it can ever occur as a primary phenomenon or whether, on the contrary, it may not invariably arise from a transformation of sadism. It can often be shown that masochism is nothing more than an extension of sadism turned round upon the subject's own self, which thus, to begin with, takes the place of the sexual object. Clinical analysis of extreme cases of masochistic perversion shows that a great number of factors (such as castration complex and the sense of guilt) have combined to exaggerate and fixate the original passive sexual attitude.

'The history of human civilization shows beyond any doubt that there is an intimate connection between cruelty and the sexual instinct; but nothing has been done towards explaining the connection, apart from laying emphasis upon the aggressive factor in the libido. According to some authorities this aggressive element of the sexual instinct is in reality a relic of cannibalistic desires—that is, it is a contribution derived from the apparatus for obtaining mastery, which is concerned with the satisfaction of the other and, ontogenetically, the older of the great instinctual needs. It has also been maintained that every pain contains in itself the possibility of a feeling of pleasure. All that need be said is that no satisfactory explanation of this perversion has been put forward and that it seems possible that a number of mental impulses are combined in it to produce a single resultant.

'But the most remarkable feature of this perversion is that its active and passive forms are habitually found to occur together in the same individual. A person who feels pleasure in producing pain in someone else during a sexual connection, is also capable of enjoying as pleasure any pain which he may himself derive from sexual relations. A sadist is always at the same time a masochist, although the active or the passive aspect of the perversion may be more strongly developed in him and may represent his predominant sexual activity.

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[1] Paper read at the 17th International Psycho-Analytical Congress, Amsterdam, 1951. Translated by John Rodker.

'We find, then, that certain among the impulses to perversion occur regularly as pairs of opposites; and this, taken in conjunction with material which will be brought forward later, has a high theoretical significance. It is, moreover, a suggestive fact that the existence of the pair of opposites formed by sadism and masochism cannot be attributed merely to the element of aggressiveness. We should rather be inclined to connect the simultaneous presence of these opposites with the opposing masculinity and femininity which are combined in bisexuality—a contrast which often has to be replaced in psycho-analysis by that between activity and passivity.'

In a later work, *Instincts and their Vicissitudes* (1915), Freud, still maintaining his first theory of instincts, wrote: '. . . Whether there is, besides this, a more direct masochistic satisfaction is highly doubtful. A primary masochism not derived in the manner I have described from sadism, does not appear to be met with.

'The conception of sadism is made more complicated by the circumstance that this instinct, side by side with its general aim (or perhaps rather, within it), seems to press towards a quite special aim:—the infliction of pain, in addition to subjection and mastery of the object. Now psycho-analysis would seem to show that the infliction of pain plays no part in the original aims sought by the instinct: the sadistic child takes no notice of whether or not it inflicts pain, nor is it part of its purpose to do so. But when once the transformation into masochism has taken place, the experience of pain is very well adapted to serve as a passive masochistic aim, for we have every reason to believe that sensations of pain, like other unpleasant sensations, extend into sexual excitation and produce a condition which is pleasurable, for the sake of which the subject will even willingly experience the unpleasantness of pain. Where once the suffering of pain has been experienced as a masochistic aim, it can be carried back into the sadistic situation and result in a sadistic aim of *inflicting pain*, which will then be masochistically enjoyed by the subject while inflicting pain upon others, through this identification of himself with the suffering object. Of course, in either case it is not the pain itself which is enjoyed, but the accompanying sexual excitement, and this is especially easy for the sadist. The enjoyment of pain would thus be a primary masochistic aim, which, however, can then also become the aim of the originally sadistic instinct.'

If we compare these two extracts we grasp the difficulty which Freud confronted in presenting his first concept of sado-masochism. Whatever he may first have thought, sadism could never be primary, for how could pleasure be felt in inflicting pain if one had not already experienced both these antagonistic and mysteriously linked sensations?

Passivity, generally, precedes activity. Freud thus comes to deny that any real primary sadism exists, since he denies the child any pleasure in its cruelty, widespread though that is, which hardly seems to conform to the facts.

With his second theory of instincts, however, Freud was to go much further along the path leading to the acceptance of masochism as the forerunner of true sadism, and even so far as to deny the existence of this primary phase of primitive infantile sadism which cannot yet be qualified as true sadism, and which is precisely our own point of view.

In *Beyond the Pleasure Principle* (1920), Freud abandons the dualism of ego and sexual instincts in his first theory of instincts, and establishes his second theory restoring this dualism to the death and life instincts, the latter taking to themselves the libidinal object drives and primary ego instincts which become the narcissistic libido.

As to the death instincts, there described for the first time, their tendency would be to return all living substance to its original inorganic condition. Nevertheless, the aggression which animates all creatures still remained unexplained, and it was not until *The Economic Problem of Masochism* (1924) was published that Freud's views on the subject became clear, and precisely on this subject of sado-maschism.

'We have a right to describe the existence of the masochistic trend in the life of the human instincts as from the economic point of view mysterious. For if mental processes are governed by the pleasure-principle, so that avoidance of 'pain' and obtaining pleasure is their first aim, masochism is incomprehensible. If physical pain and feelings of distress can cease to be signals of danger and be ends in themselves, the pleasure-principle is paralysed, the watchman of our mental life is to all intents and purposes himself drugged and asleep.'

'In this light, masochism appears to us as a great danger, which is in no way true of sadism, its counterpart. We feel tempted to call the pleasure-principle the watchman of our lives, instead of only the watchman of our mental life. But then the question of the relation of the pleasure-principle to the two varieties of instincts that we have distinguished, the *death-instincts* and the *erotic* (*libidinal*) *life instincts*[2] demands investigation . . .'

Freud then posits three types of masochism; erotogenic, feminine, and moral, and, after describing the feminine masochism observed by him in various male patients who delighted in being, or imagining themselves, 'pinioned, bound, beaten painfully, whipped, in some way mishandled, forced to obey unconditionally, defiled, degraded', he concludes that 'the feminine type of masochism . . . is based entirely on the primary erotogenic type, on the 'lust of pain' which cannot be explained without going very far back.'

Now follows the backward glance which Freud invites us to take:

'In my *Drei Abhandlungen zur Sexualtheorie,* in the section on the sources of infantile sexuality, I put forward the proposition that sexual excitation arises as an accessory effect of a large series of internal processes *as soon as the intensity of these pleasures has exceeded certain quantitative limits*;[2] indeed, that perhaps nothing very important takes place within the organism without contributing a component to the excitation of the sexual instinct. According to this, an excitation of physical pain and feelings of distress would surely also have this effect. This *libidinal sympathetic excitation*[2] accompanying the tension of physical pain and feelings of distress would be an infantile physiological mechanism which ceases to operate later on. It would reach a varying degree of development in different sexual constitutions; in any case it would provide the physiological foundation on which the structure of erotogenic masochism is subsequently erected in the mind.

'The inadequacy of this explanation is seen, however, in that it throws no light on the regular and close connection of masochism with *sadism,*[2] its counterpart in the life of the instincts. If we go a step further back to our hypothesis of the two varieties of instincts which we believe to be active in animate beings, we come to another conclusion which, however, does not contradict the one just mentioned. In the multicellular living organism the libido meets the death or destruction instinct which holds sway there, and which tries to disintegrate this cellular being and bring each elemental primary organism into a condition of inorganic stability (though this again may be but relative). To the libido falls the task of making this destructive instinct harmless, and it manages to dispose of it by directing it to a great extent and early in life— with the help of a special organic system, the musculature—towards the objects of the outer world. It is then called the instinct of destruction, of mastery, the will to power. A section of this instinct is placed directly in the service of the sexual function, where it has an important part to play: this is true *sadism.*[2] Another part is not included in this displacement outwards; it remains within the organism and is "bound" there libidinally with the help of the accompanying sexual excitation mentioned above: this we must recognise as the original *erotogenic masochism.*[2]

'We are entirely without any understanding of the physiological ways and means by which this subjugation of the death-instinct by the libido can be achieved. In the psycho-analytical world of ideas we can only assume that a very extensive coalescence and fusion, varying according to conditions, of the two instincts takes place, so that we never have to deal with pure life-instincts and death-instincts at all, but only with combinations of them in different degrees. Corresponding with the fusion of instincts there may under certain influences occur a "defusion" of them. How large a part of the death-instincts may refuse to be subjugated in this way by becoming attached to libidinal quantities it is at present not possible to ascertain.

'If one is willing to disregard a certain amount of inexactitude, it might be said that the death-instinct active in the organism—the primal sadism—is identical with masochism. After the chief part of it has been directed outwards towards objects, there remains as a residuum within the organism the true erotogenic masochism, which on the one hand becomes a component of the libido and on the other still has the subject itself for an object. So that this masochism would be a witness and a survival of that phase of development in which the amalgamation, so important for life afterwards, of death-instinct and Eros took place. We should not be astonished to hear that under certain conditions the sadism or destruction instinct which has been directed outwards can be introjected, turned inward again, regressing in this way to its earlier condition. It then provides that *secondary masochism*[3] which supplements the original one.

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[2] Author's italics.

'The erotogenic type of masochism passes through all the developmental stages of the libido, and from them it takes the changing shapes it wears in the life of the mind. The fear of being devoured by the totem-animal (father) is derived from the primitive oral stage of libido-organization; the desire to be beaten by the father from the next-following sadistic-anal stage; castration, although it is subsequently denied, enters into the content of masochistic phantasies as a residue from the phallic stage; and from the final genital stage are derived of course the situations characteristic of womanhood, namely, the passive part in coitus and the act of giving birth. The part played by the nates in masochism is also easily intelligible, apart from its obvious foundation in reality. The nates are the special erotogenic bodily regions which have preference in the sadistic-anal stage, as the nipple in the oral stage and the penis in the genital stage.'

Freud then goes at length into the question of moral masochism, which plays so great a part in so many lives as the need for punishment and the tendency to frustration. Highly desexualized though it may seem, this form of masochism also arises on the biological foundation of erotogenic masochism. We shall not, however, continue to follow Freud here, since our main enquiry is into the biopsychical origins of erotogenic sado-masochism.

But first another voice merits attention; that of the man from whom sadism takes its name.

In that verbose romance, *Histoire de Juliette : Les Prospérités du Vice*, the notorious Marquis de Sade intersperses his countless scenes of exquisite and cruel lust with metaphysical or philosophical discussions. I shall quote from among those where he seeks to justify what today we term sado-masochism.

Some noblemen, voluptuaries, admiringly described as 'ferocious', have gathered, one evening, round a festive board which is lit by candles so stuck as to roast the private parts of a number of little girls. Our noblemen, however, complacently continue their philosophizing.

'Noirceuil,' said Saint-Fond, 'while our little novices roast, explain, I beg, with your usual metaphysics, how one may manage to obtain pleasure from watching the sufferings of others or from suffering oneself?' 'Listen then,' said Noirceuil, 'and I will prove it to you.'

'*Pain,* logically speaking, *is nothing but a feeling of aversion inspired in the soul by certain responses, opposed to its structure, in the body it animates.* So says Nicole, who distinguished an aerial substance in man which he termed soul, as opposed to the material substance we call body. Personally, since I do not at all accept that frivolous idea and see man only as a kind of purely concrete vegetation, I would merely say that pain is a consequence of the disharmony between foreign bodies and the organic molecules of which we are constituted, with the result that the atoms emanated by these foreign bodies, instead of attaching themselves to our nervous fluid, as they do in the shock of pleasure, only make an angular, prickly, repellent approach, so that they never link up together. Yet, though their effects are repellent they are nevertheless always effects and, whether it be pleasure or pain we are offered, they will always provoke a shock to the nervous fluid. Now, what is to prevent this shock of pain, infinitely keener and more vigorous than the other, from exciting in this fluid that same widespread conflagration which arises through attachment of the atoms emanated by objects of pleasure? If we must have sensations, what is to prevent one getting used, through habit, to being made just as happy through the repellent atoms as through those which attach? Satiated with the effects of those which produce only simple sensations, why should I not get equally used to receiving pleasure from those which give *poignant* sensations? They both strike in the same place, the only difference being that while one is keen, the other is mild and, to the satiated, is not the former infinitely preferable to the latter? Do we not, every day, see folk who have accustomed their palates to an irritation they like, and others who could not endure that irritation for a moment? And is it not nowadays true (once you grant my hypothesis) that, in their pleasures, men always try to rouse the objects that serve their enjoyment in the same way that they themselves are roused, and that this practice, in the metaphysics of enjoyment, is considered as resulting from "delicacy"? What is there strange, then, in a man, endowed with the organs we describe, by the same practices as his adversary and acting on the same principles of delicacy, imagining he will stir the object that serves his enjoyment by means that affect him himself? He has done no worse than the other, he has only done what the other did. The consequences differ, I agree, but the original motives are the same: the former was no crueller than the latter, and neither of the two has done wrong; both, on the object of their enjoyment, have used the identical means they employ to get pleasure.

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[3] Author's italics.

'But, the creature at the mercy of a brutal lust will reply: *That does not please me;* in which case I must see whether I can compel you to like it or not. If I cannot, go away and let me be; if, on the other hand, my money, credit or position give me some mastery over you or some earnest that I can abolish your objections, then silently suffer whatever I may please to impose, because enjoyment I must have, and I can only enjoy by tormenting you and seeing your tears flow. In any case, do not be surprised, or blame me at all, because I obey the motions with which nature endowed me, or follow the path she makes me take; in a word, by subjecting you to my harsh and brutal lusts, those alone which succeed in bringing me to the acme of pleasure, I act from those same principles of delicacy as the effeminate lover who only knows the roses of a feeling which I can but see as thorns. For, in tormenting and rending you, I do the only thing by which I am stirred, just as he, drearily raking his mistress, does the only thing that stirs him agreeably. Let us leave effeminate delicacy to him, however, because it could never stir such powerfully made organs as mine. Yes, friends,' continued Noirceuil, 'you may be sure that no being, truly passionate for the joys of lust, could ever indeed mix delicacy with it, that delicacy which merely poisons these pleasures and implies a sharing that is impossible to whoever seeks real pleasure: any power shared is weakened thereby. It is a commonplace that, if you try to give enjoyment to the object that serves your pleasure, you will soon see it is at your own expense. There is no passion more egotistic than that of sensuality; not one that demands to be served more sternly. One must absolutely never think about anyone but oneself, when in erection, and never consider the object that serves us except as a kind of victim offered to the rage of that passion. Do not all passions demand victims? Well, the passive object, in the lust act, is that of our lustful rage; the less it is spared, the better the aim is fulfilled; the keener that object's pangs, the more utterly is it degraded and humbled and the more complete is our enjoyment. It is not pleasure we should make that object taste, but sensations that we should produce in it and, since that of pain is infinitely keener than that of pleasure, it is indubitable that it is better for the shock this outer sight produces on our nerves to happen through pain, rather than pleasure. There you have the explanation of the mania of those numerous libertines who, like ourselves, never manage to achieve erections and seminal emissions except by committing acts of atrocious cruelty, or by gorging themselves on their victim's blood.[4] Some would not even experience the slightest erection, despite the worst extremities of pain in their object, but for the thought that they themselves were the prime cause of those pangs in the sorry thing sold to their lustful rage. You desire to subject your nerves to a violent shock, you feel that that of pain will be stronger than that of pleasure, you use those means and find yourself well contented. But beauty, some idiot objects, softens and moves; it urges to kindness, pardon. How resist a pretty girl's tears when, with clasped hands, she implores her torturer? Well, indeed! that's just what one wants; it is the very prerequisite from which the libertine in question derives all his delightful enjoyment; he would indeed deserve to be pitied were he acting on an inert, unfeeling creature, and this objection is as ridiculous as would be a man's who declared one should never eat mutton because the sheep is an inoffensive creature.'

Comparing these extracts with Freud's hypothesis of the origins of sado-masochism, we see that de Sade, evidently at first hand, seems to subscribe in advance to the first Freudian concept of masochism, forerunner of true sadism, as expressed in *Instincts and their Vicissitudes.* 'Where once the suffering of pain has been experienced as a masochistic aim, it can be carried back into the sadistic situation and result in a sadistic aim of *inflicting pain,* which will then be masochistically enjoyed by the subject while inflicting pain upon others, through his identification of himself with the suffering object.'

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[4] As did Kürten, the vampire of Düsseldorf.

In other pages, however, and best in the words he lends Pope Braschi, de Sade even seems to go so far as to accept the Freudian concept of the death-instincts, every whit as eternal and dominant as the life-instincts, as in this dithyramb by his mitred philosopher.

' In all beings, the principle of life is no other than that of death : we receive and foster them in us, both at the same time. In that instant we call *death*, everything seems to disintegrate : we believe so, owing to the extreme change then found in this portion of matter which no longer seems animate. This death, however, is but imaginary ; it is merely figurative and without reality. Matter, bereft of that subtle portion of matter which communicated motion to it, is not thereby destroyed ; it merely changes its form, it corrupts, and already you see a proof of the activity it retains in it ; it gives sap to the earth, fertilizes it, and serves to regenerate other kingdoms, besides its own. In fine, there is no essential difference between the first life we receive and this second which is that we call death. For the first comes about through the matter formed and organized in the female womb and the second, likewise, from the matter renewed and reorganized in the bowels of the earth. Thus, in its new womb, this extinguished matter again becomes the germ of particles of etherealized matter which, but for it, would have remained apparently inert. There you have all the wisdom of the laws governing these three kingdoms, laws they received on their first irruptions, laws which confine nature's urges to gush forth in new ways ; these are the only ways in which the laws inherent to these kingdoms operate. The first generation, which we call life, provides us with a sort of example. These laws only succeed in reaching the first generation through exhaustion ; they do not reach the other save by destruction. For the former a sort of corrupt matter is needed ; for the second, putrified matter. That is the sole cause of these huge successive creations ; in one and all there are but these prime principles of exhaustion or annihilation, which thus makes clear that death is as necessary as life, that there is no death and that all the scourges we have mentioned . . . (those wars and famines with which she (nature) overwhelms us, those pestilences which, from time to time, she visits on the globe in order to destroy us, those scoundrels she multiplies, those Alexanders, Tamerlanes, Genghis Khans, all those heroes who ravage the earth) . . . the tyrants' cruelty, the villain's crimes, are as necessary to the laws of these three kingdoms as are the deeds which rebrought them to life ; that, when nature visits them on the earth, meaning to annihilate these kingdoms which deprive it of the capacity to produce new upsurges, it merely performs an impotent act, since the first laws received by these kingdoms when they first gushed forth, stamped this productive capacity upon them for ever and ever ; this, nature could never abolish except by totally destroying herself, which is not in her power, since she herself is subject to laws from whose sway it is impossible for her to escape, and which will endure eternally. Thus the villain, by his murders, not only assists nature's intentions towards ends she will never be able to fulfil, but even assists the laws which the kingdoms received at their first upsurge. I say first upsurge, to ease comprehension of my system, for since there never was an act of creation and since nature is eternal, the gushes are perpetual while creatures exist ; they would cease to be, if no more occurred, and would then encourage secondary gushes, which are those that nature desires but to which she cannot attain except by total destruction, the intended aim of crime. Whence it results that the criminal who could overwhelm all three kingdoms at once by annihilating them and their productive capacities would be he who had served nature best.'

Thus, the anthropomorphized sadism of nature, which Goethe personified in Mephisto as ' the spirit that always denies ', would prevail, and the ultimate trend of the death-instincts postulated by Freud would have overshot their mark : that of the return of organic matter to the inorganic state.

I do not, of course, imagine that the death-instincts, as conceived by de Sade, are identical with those philosophically postulated by Freud. I merely wish to draw attention to some rough, though interesting, points of agreement.

Nevertheless, despite de Sade, and even Freud, the cardinal problem of sado-masochism in which Pleasure and Pain, Libido and Destruction, are so enigmatically, so paradoxically intertwined, does not seem entirely solved.

I say Destruction and not Death, for, to me, the destructive and aggressive instincts are not identical in essence, as regards that silent fading into the inorganic of all things living as they move towards death. This seems to me, as to other analysts, an entropy as it were, a running down of the life-force, which must be ' unlived ', faster or slower, in each species, through life. Does not Freud himself allude to this, in *Beyond the Pleasure Principle,* in regard to the transient rejuvenation of living substance by conjugation of the reproductive cells ?

Nor is it very clear how a simple entropy, a negative concept such as the dissipation of energy, can turn outwards and assume the active, positive form of living aggression. Aggression seems much more wholly to derive from life and its cravings. In any case, aggression is not a hypothesis but an observable fact.

And the just as obvious fact of sado-masochism, in which, whether active or passive, Destruction mingles inextricably with Libido, continues to challenge all our sagacity.

Where greater men than ourselves have tried, dare we venture to cast some light into such darkness ?

It is clinically, in the pervert that masochism as an entity is met. It has already been described ; the need to be bound, beaten, humiliated, or suffer in different ways in order to achieve sexual enjoyment.

It is clinically, too, in the sadist, that sadism is met, with its manifold cruelty and the frightful lust-murders committed by these rare criminal perverts who, from time to time, terrify yet enthral the public.

What roots are we to postulate for such extremes of sadism, as of masochism ? There seem to be several, some biological, others psychological.

The living cell is a speck of protoplasm bounded by a more or less protective membrane. The cell is not, however, hermetically sealed ; it not only receives impressions, but can be entered in three ways.

For nutrition, it must draw such substances from its environment as are needed to keep it alive ; to assimilate and reject.

For reproduction, if a female cell, it must undergo penetration by another living cell ; be impregnated by the male cell. Both these penetrations are beneficent and serve life. They differ from each other in that the nutritive process works on organic though dead substances, substances which have lost their living identity and can only at that price become part of the cell that ingests them, whereas impregnation is unique in that one live cell is penetrated by another and does not undergo destruction and death but, on the contrary, creates life.

The third sort of cellular penetration is traumatic : infraction and wounding causing suffering and death.

If we now apply all this to multicellular organisms, we also find these three possible kinds of penetration which, as regards the penetrated organism, imply three different kinds of response :

Appetite for substances able to serve nutrition ;

Erotic attraction towards the sexual partner ;

Terror of infraction and wounding that may cause suffering and death.

In the animal world, however, at a certain point in the scale, internal fecundation is established. Not only the sex-cell, the ovum, must be penetrated, but the very body of the female, by the penis. It is so with all mammals.

As a result a psychical confusion may arise in the female between the erotic and the wounding penetration, whence results the flight from the male of many mammalian females and, in our own species, so many cases of feminine frigidity.

Erotism, however, tends to bind this terror of infraction and often succeeds, either by largely masochizing the confusion between wounding and erotogenic penetration, or by establishing such penetration as preeminently erotogenic. Nevertheless, some homœopathic dose of masochism remains needful for acceptance of even the most erotogenic feminine penetration.

Even to Krafft-Ebing, years ago, masochism seemed, in fact, ' a sort of pathological overgrowth of psychical feminine factors ; a sort of morbid intensification of certain psychic characteristics of women.'

Freud too, as we saw in his *Three Essays,* wrote that ' we should rather be inclined to connect the simultaneous presence of these opposites ' (sado-masochism) ' with the opposing masculinity and femininity which are combined in bisexuality—a contrast which often has to be replaced in psycho-analysis by that between activity and passivity.'

I do not know whether some unimaginable, basic masochism exists in the cell, or what forms masochism may assume in the course of evolution, but, to me, it seems that the erotogenic masochism of the totality of a multicellular organism could only truly appear when internal fecundation had been established.

Thereupon the same confusion between erotogenic and wounding penetration which, so often, makes the mammalian female flee from the male, may operate in the contrary manner. We then find ourselves faced, in that crown of nature which is man, by those final forms of erotogenic masochism whose clinical shapes we know. Only the vital biological instinct of self-preservation can then halt the erotically wished-for aggression at the point where danger to life would begin.

These then, would be the phylogenetic roots of human masochism which plunge into man's remotest evolutionary past. Thus, through countless ages, erotism would be linked with every infraction, every disturbance of living tissue, including unpleasure and pain.

We may also, however, seek the biological roots of masochism ontogenetically.

When does the human child apprehend, following the laws which govern its species, that it is destined to perpetuate itself through internal impregnation ? Something, in the depths of its tissue, may well sense it. Yet, from this angle, a primordial happening in childhood must instruct it as to its future destiny as man or woman ; that primal scene which so many children have witnessed, while the adults imagine them too young to notice. Observation of the coupling of animals, in any case, is never absent from an infantile anamnesis and provides a substitute from which the child will imagine what happens between the parents.

Psycho-analytic observation enables us to establish that coitus is always interpreted, by the childish observer, as a brutal, aggressive act, committed by the male on the female ; that is the sadistic concept of coitus. Then, depending upon the amount of masculinity or femininity it includes, the child will thenceforth identify itself predominantly with either the man or the woman, but, always, given its original bisexuality, in some degree with both.

If the child is a girl, fear of male aggression may result, depending on the degree of masculinity she harbours, and lead to a recathecting of her defensive masculine positions. Unless, that is, a truly feminine masochism is constituted. If the child, however, is male, his masochism, also, may become strengthened, depending on the degree of innate femininity present, though sadism should predominate in some acceptable form. As though the little male already felt that penetration would be spared him ; that, like the spermatozoon which would later shoot from his body, he too, luckier than the female, would not be penetrated but penetrate.

Thus, from the memory of the primal scene, lost in the mists of infantile amnesis, and from the traces which it leaves in each unconscious, the resulting sadistic concept of coitus may make the female draw back from accepting the penetrative phallus, imaginarily likened to some piercing weapon. But it may also, at times, in the sadistically predisposed male, create the very counterpart to this sadistic concept of coitus in which the erotogenic concept of wounding, of a piercing weapon, is phallicized and eroticized. In that case the phallic symbolism of the knife is taken literally by the mind.

It is this erotogenic concept of the wound that the great sadists like Kürten or Vacher expressed concretely, and that Baudelaire sang, in such sublimated form, in his poem *A celle qui est trop gaie.*[5] No more poetic or clearer expression could be given to this confusion between penetration in its wounding and erotic aspects. It is not only the phallic symbolism of the knife that shows through here, but the poison symbolism of semen which so many neurotic symptoms reveal. So classical, so transparent, are the sadistic symbols of the poem, that the judges immediately sensed them when this poem in *Les Fleurs du Mal* was condemned as obscene. Yet these are universal sexual symbols which only the unique span of the human imagination could contrive. We must now turn to its other achievements.

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[5] Mad woman who maddens me,
I hate thee as much as I love thee !

Thus, I would like, some night,
When the hour of lust strikes,
To crawl, I, a craven, in silence,
Towards the treasures that are thine.

In order to chastise thy joyous flesh,
To bruise thy pardoned breast
And to inflict on thy surprised flank
A deep and hollow wound.

And, giddy with the sweetness of it,
Through these new lips of thine
More beautiful and more radiant,
Infuse in thee my venom, O sister of mine !

(Trans. M. B.)

There are forces other than biological, however, which help to make human beings masochistic or sadistic; psychological forces which bring into play the psychical mechanisms of associated ideas and imaginative identification with others.

The universe is full of hostile forces which deny the child and individual the satisfaction which their instincts desire. From birth, from the cradle, it is at the mercy of hunger and cold, for the mother or breast do not always turn up in time to soothe it when needed. Later, privations, accidents, punishments cannot always be avoided. Nevertheless, the pleasure-principle reigns deep in the young creature and tends to over-cathect even painful emotions and feelings as, for instance, the whippings of ill-inspired upbringers. Doubtless that is why, as Freud says: 'It may well be that nothing of considerable importance can occur in the organism without contributing some component to the excitation of the sexual instinct'[6] which would therefore, *par excellence,* be the hedonistic instinct. Thus 'an excitation of physical pain and feelings of distress would surely also have this effect.'[7]

The mechanism governing the association of ideas being thus actuated, with pleasure arising at the same time as pain, certain kinds of pain soon seem to be sought for themselves, thus often establishing paradoxical hedonistic responses for life.

Since all beings are basically bisexual, however, every masochist is more or less a sadist, the male factor which he includes taking to itself the pleasure-pain in order to project them centrifugally outwards in accordance with the objectives of convex masculine eroticism. Many women, also, may be sadistic, owing to the male element they include, but it is mainly among males that sadism assumes its most striking forms. Since the male, like the spermatozoon, is not penetrated but penetrates another organism in the generative act, sadism is essentially male, as well as being vitally important.

Thus, when the pain-pleasure pair have taken a centrifugal path and turned outwards, the vital instinct of self-preservation ceases to be threatened and no longer raises barriers against it. On the contrary, it combines with the sadism, which then, in possessive, destructive fashion strives to annex the maximum amount of living-space round it, and to master and rule in supremely egotistic fashion. And the sadist will allow himself orgies of blood that the masochist must deny. Here enters the second and prime psychological condition needful to sadism, namely, human imagination, which allows that identification of aggressor with aggressed from which arise those intense, safe, and boundless masochistic pleasures, because imagined, which, when combined with the egocentric intoxication of power, find satisfaction in the cruellest lust.

Thus the sadist, in the integrity of his ego, in the security of his own body, delights in the pain he inflicts, as it were by proxy, much in the way we safely enjoy the dramatic mishaps of our tragedy heroes. But, a more powerful relish, the play is real and the triumph his own.

Again, the essential ambivalence of Eros finds satisfaction in sadism. Born of the lover's eternal but unattainable desire to unite with his beloved, this ambivalence craves the destructtion of that object in order that the vain, and thus painful, striving may end. Yet, though the great criminal sadist will at times partially devour his victim, true union with her is still withheld, as to all lovers. Then only the destruction of that ephemeral plaything of his passion will establish a more or less enduring truce which, for a time, assuages the sadist's torturing, unappeasable desires.

Such seem to be some of the biological and psychological roots which help to give rise to the great masochists and sadists.

Fortunately, however, masochistic like sadistic drives do not culminate in such extremes of perseveration. And though we all retain some masochistic or sadistic infantile residues in the unconscious, it is mostly in *inhibited* or *transformed* shapes.

What inhibits masochism, as we have shown, is the limitations placed upon it by the vital instinct of self-preservation. What inhibits sadism is precisely that on which, in other cases, it rests; the psychical mechanism of identification.

Depending on whether the sadist, innately, is more or less masochistic, i.e. ready to cathect the experienced pain with pleasure, he will likewise enjoy inflicted pain by imaginatively placing himself in the position of the victim and will, in some degree, be sadistic. But if the barrier of the vital instinct of self-preservation in himself strongly opposes the masochism in him, the same barrier will function in the potential sadist against the infliction of pain on others, through identification with them. This mechanism which inhibits sadism through *reaction-formation* we call pity. That is to say that the less innately masochistic one is, the less sadistic one will be, which is hardly surprising.

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[6] *Three Essays on the Theory of Sexuality.*

[7] *The Economic Problem of Masochism.*

Sado-masochism may also be liable to vicissitudes other than those of *perseveration* or *inhibition* through *reaction-formation*. It may also undergo a transformation destined to great achievements, that of *moralization*.

Human morality could never have arisen, through the ages, save by the strong repressing the weak, to which the weak, resentfully, submitted. Nevertheless, to endure this constraint they had, perforce, to eroticize such painful moral and, at times, physical pressure. This is still true today, even in enlightened homes. Analysis, however, has enabled us to see that the prohibitions instituted by the child's upbringers are introjected by degrees and, combined with the individual's internalized aggression, later constitute its super-ego or moral conscience. The masochism in the ego then maintains the child's masochistic attitude to the super-ego which, modelled on those who brought it up, will be harsh and even sadistic. By this employment of our universal sado-masochism, man's moral conscience has arisen.

In this *moralization* of sado-masochism, are we encountering a *sublimation* of these awe-inspiring drives ? It may be so, since sublimation implies deflecting a drive to another than its original objective. Yet virtue is often so ferocious, both to oneself and others, that we may doubt whether such moralization of sado-masochism can be called a true sublimation. All the more in that we find precisely these same self-torturing mechanisms at work at the roots of the psycho-neuroses, which clearly reveals the basic ferocity of sado-masochism, even when transformed into moralistic shapes.

Moral masochism, though least spectacular, is the most widespread of all. To it many unfortunates owe their failure in life, and the more readily in that the blows they account to fate are often inflicted by those petty moral sadists who, like themselves, swarm everywhere. These petty moral sadists may be frankly malevolent or virtuous people, since virtue is often sadistic. In any case, moral masochists seem to invite the blows of their sadistically moral counterparts, which thus helps to turn their lives into an ever-thorny path.

Of the three noble entities praised by the Philosophers : the Good, the Beautiful, the True : goodness, therefore, does not seem properly able to sublimate sado-masochism successfully.

Do the Beautiful and the True succeed any better ?

It would seem so, for sadism feeds both the enquiring and the scientific spirit, though it is that sublimated sadism which, through the intellect, strives to penetrate the universal body. Only the surgeon reveals a certain regression, in this spirit, as actual penetrator of human flesh, though with permitted and beneficent intents.

The maximum sublimation of sado-masochism, however, is achieved by art ; and that in its most direct though least concrete form, thanks to the incomparable power of human imagination. The great works of art are cruel, whether one thinks of Shakespeare's or Sophocles' tragedies, to mention but these. Nowadays the cinema, that mass substitute for antique tragedy, delights in murderous plots.

This salutary catharsis of the most dangerous human instincts may be experienced by the spectator without peril, as without remorse, for, peacefully seated in his place, he well knows that after the bloodiest death, the screen- or play-hero will have gone home to bed.

As for the creative artist, his achievements, issuing from instinctual depths, have no doubt often saved him from sadistic deeds by allowing him to act his sadism. What would a Poe or a Baudelaire have become, but for the safety-valve of their sovereign art ? Even a de Sade who, as a rarely gifted writer, could imaginatively indulge his monstrous sadism, was doubtless thus saved from committing worse crimes than savagely flogging a Rose Keller, or distributing sweets containing cantharides at an orgy.

Yet, from the example of the 'divine Marquis', we can see how much more intensely sadism, i.e. imaginative masochism combined with a triumphant masculine egocentricity, fascinates man than its humbler brother, primary masochism. For though the works of a Sacher-Masoch still keep their documentary value for the psychiatrist or psychologist, they cannot claim the enduring lustre of the work of a de Sade. And that, even ignoring their unequal talents. The content here lends lustre to the form, since sadism, compared with simple masochism, triumphs by linking the vital and male with the pleasure of inflicting pain.

Thus sado-masochism, whose roots plunge into the matrix of the first living tissue, penetrated now by life and again by death, beholds its rule confirmed in that internally impregnated mammal, man, due to the original confusion communicated to the total human body through the long chain of evolution. This is the biological, the phylogenetic determinant of sado-masochism.

This awareness that internal impregnation takes place finds additional confirmation in each generation by what the child experiences in witnessing the primal scene ; from this arises the sadistic concept of coitus. In this concept the child, depending on the degree to which it is innately female or male, identifies itself more or less with the female or male adult. The foundations thereupon begin to be laid for a more or less sadistic or masochistic nature which will manifest itself later ; this is the biological and ontogenetic determinant of sado-masochism.

The following determinants are more specifically psychological. Masochism, under the primacy of the pleasure-principle and the inevitable suffering which life brings all creatures, becomes intensified by erotization, throughout childhood, which associated ideas should lead us to meet misfortune bravely.

If the child, however, declares itself more male than female, its original sadism will dominate ; this will serve to project the masochism outward through identification of aggressor with aggressed and thus enable the child to enjoy its masochistic pleasures in security, since they are mirror-images, while remaining a conqueror itself. This triumph it owes to the illimitable imagination of man. In that respect the animal creation can never equal man, Taine's ' fierce, lustful gorilla ! ' And the essential ambivalence of Eros, which blossoms in our species, finds gratification in the destruction of the sexual partner.

In that super-cerebral creature man, however, many different vicissitudes await his sado-masochism. His extreme *perseverations* which culminate in the great perversions are, happily, not the rule. As for the masochism, that is shackled by *inhibitions* and the vital instinct of self-preservation, whereas his sadism is inhibited by *pity,* which is also determined by identification, though no longer masochistic, with the possible victim. Another vicissitude to which sado-masochism is subject is that of *moralization,* accompanied by moral torturings of oneself and others. Finally, *sublimation,* its transmutation into Science and Art, is the most highly developed form which man can give to sado-masochism, for he then employs it to serve civilization.

Even in the highest cultures, however, human sado-masochism remains active, demanding and insatiate. The occasional perverts which it here and there produces ; the spectacular recital of crimes in the press ; the occasional executions that thrill the public ; the moral masochism to which, more or less, every civilized being is subjected and the sublimations of science and art ; often do not suffice man any longer. It is as though, in a nostalgia for its origins, it once more desired the penetration of flesh. So the sportsman kills for pleasure and the soldier for the fatherland or an ideal. Truly, though with grim irony, it has been said that the art of war is to convey as much metal as possible into the most human flesh, not to mention the vast ancillary destruction. True, aggression here seems stripped of eroticism. And yet, some echo of our primitive sado-masochistic reactions stirs deep in the hearts of the fighters, as of those in the rear who read, or hear, victorious communiqués announcing that twenty thousand tons of bombs, more or less, have been dropped on troop concentrations or populous towns.

It seems, indeed, that physical aggression, stripped of hedonistic appeal, that is, of all sadism, is impossible to that animal with imagination, man. And the vast blood-bath of war enables sado-masochism to rediscover its original path on an immensely magnified scale, desexualized though it appear ; that of the triumphant, death-dealing penetration of the living body.

Herein lies an obstacle to any true conversion of the peoples' hearts to pacifism, despite the increasing horror of modern wars.

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TECHNICAL PROBLEMS IN ANALYSIS OF PSYCHOSOMATIC DISORDERS WITH SPECIAL REFERENCE TO PRECISION IN SHORT-TERM PSYCHOTHERAPY[1]

By FLANDERS DUNBAR, M.D., Ph.D., Med. Sc.D., New York

Introduction

In prescribing medication it is important to consider the ' side effects '. Sometimes these are favourable; sometimes they are negligible; and in some cases they may be sufficiently unfavourable to warrant a change in prescription. In determining the ' treatment of choice ' where psychotherapy is indicated, such factors should be carefully evaluated.

During World War II ' crack-ups ' among G.I.'s were carefully studied. They are still being studied as a major military project (**9**, 1951). About one-third of the casualties in the American Army during World War II were the result of crack-ups. And another third represented medical discharges for such illnesses as hypertension, ulcer, arthritis—that is, the chronic illnesses with which every physician is familiar, illnesses generally recorded as ' cause unknown '. This observation came as a surprise because such illnesses are not expected to take a major toll among the younger age groups.

It was found that about two-thirds of the casualties from World War II needed psychotherapy. There were not enough skilled psychiatrists available. It was found also that a large proportion of these crack-ups responded well to short-term psychotherapy. This was particularly true of the one-third that complained of physiological as well as psychological distress. But many psycho-analysts refuse to take short-term cases, or to experiment with techniques which may restore a patient to normal functioning even though he is not *completely psycho-analysed.* The conviction that the patient must sign up for two or more years on the couch in order to obtain the services of a psycho-analyst is unfortunate.

Psycho-analysis is perhaps the most efficient means of coping with many psychosomatic disorders, yet some psycho-analysts accept no responsibility for the ' physical ailments ' of their patients. This places the physician who seeks psychotherapy for a patient suffering from a syndrome such as allergy, hypertension, or diabetes in an awkward or even an impossible position (cf. e.g. **1**, 1951). The referring physician must continue to treat the patient for his physical symptoms while being denied knowledge of what is going on in the patient's personality. A patient may be responding well to the treatment prescribed, and then suddenly develop a paradoxical reaction.

In such instances the internist should be in a position to know whether the sudden change was occasioned by unconscious material brought quickly to consciousness in such a way as temporarily to upset homœostatic balance. Of course the upset may mean only a shift in balance toward greater stability. But the physician should know with which of these situations he is dealing. If the medication prescribed is not adjusted to the change in psychodynamic balance it may become noxious instead of remedial.

It is equally important that the psychotherapist know whether a patient's state of elation is due to some such medication as benzedrine or to a specific psychodynamic change. A case in point may be that of a patient who, in the process of recovery from colitis, reported a severe attack of cramps and diarrhœa following his analytic session. The psycho-analyst thought carefully about what might have happened during the session to produce an exacerbation of symptoms, only to learn later that the patient that morning had had a barium meal. Of course the patient had told the analyst that his stomach specialist had recommended this procedure, but he had failed to mention the fact that the date of his appointment had been advanced by a week and the consulting physician had failed to inform the psycho-analyst. It is desirable that the two physicians responsible for the treatment of different aspects of a patient's illness remain in sufficient communication to inform one another of treatment changes which may alter the patient's response to one or another procedure.

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[1] Paper read at The 17th International Psycho-analytic Congress, Amsterdam, 1951.

Abramson and his associates (**1**, 1951), in their recent treatise entitled *Somatic and Psychiatric Treatment of Asthma*, stress repeatedly the importance of close contact between psychotherapist and internist. In this volume considerable attention is given to ways of distinguishing between three types of patients: (1) the person who can be given the necessary psychotherapy by the allergist, (2) the person who needs simultaneous brief psychotherapy, and (3) the person who may require either briefer or more intensive psycho-analytic therapy.

Whatever may be the professional arguments relative to the virtues of short-term psycho-analytic therapy *versus* long-term psycho-analysis, every psychiatrist may expect to wake up one or more mornings to find a large number of foundlings on his doorstep—that is, sick people considered unfit for *any* accepted method of treatment. An experienced psycho-analyst, willing to devote the time, may in a few interviews help a great many patients who would otherwise remain untreated. It remains for research in psycho-analysis to devise means for increasing the effectiveness of psychotherapeutic techniques.

In an article, ' Research in Private Practice ', Dunbar (**4**, 1951) noted that psycho-analytic literature contains few adequate psychosomatic case histories. Of course the same can be said for histories recorded in the literature of general medicine. But the psycho-analyst, even if his treatment belongs in the area of briefer therapy, is likely to see his patient more hours a week and more minutes a day than is the internist. It has been suggested that psychotherapeutic techniques would be considerably improved were those practising psychotherapy sufficiently research-minded to keep records. Every psychotherapist observes physiological changes in his patient during the course of treatment. He could easily set down such simple facts as ' Mr. or Mrs. X on a given day, talking about mother, had an asthmatic attack ', but such notes are still not adequate. More should be recorded than ' Patient came in complaining of migraine or with an asthmatic attack, having discussed feelings of rejection by mother yesterday '. It may be true that patients suffering from allergic syndromes feel rejected by their mothers. But so do patients suffering from other illness syndromes and perhaps a fairly high percentage of our relatively healthy population. Even though mother appeared to be a major problem yesterday and was therefore blamed for the ensuing headache, mother may be the major problem on another day with no aftermath of symptoms. It is important to specify *the type of conflict* about mother, discussion of which was followed by symptom formation. Were this done, young physicians would not set forth merely with the idea that ' according to the book ' asthmatic patients feel rejected by their mothers.

It is one thing to review or report what has been said before. It is another to say in a different way what has been said before. And it is something else to observe and formulate what has not been clearly defined in professional or scientific literature. Such an attempt may be detonated by the overtones of ordinary language usually heard in aphorisms or jokes, unconsciously understood but inadequately analysed. This language is a mixture of proverbial and pre-verbal expression, which if not understood by the physician will lead to a game of shadow-boxing or charades. Everyone has said in his own language much that does not appear in professional literature.

Concentration solely upon the mechanics involved in goal-directed psychodynamic therapy may lead to the neglect of the clues provided by pre-verbal and proverbial language. Organ language has been given too little respectful attention.

The difficulties encountered by the analyst, whether or not his practice is restricted to long-term treatment, are essentially the same. The devices and techniques needed to resolve these difficulties are not the same.

INSTRUMENTOLOGY

The View Finder

No psychiatric technique is effective unless it is goal-directed. The consulting psychiatrist, like the photographer, examines his subject through his view-finder from various angles in order to determine how many views are needed to provide a basic picture. The selection of the questions asked during the initial interviews depends upon an appraisal of the patient's capacity for healthy and functional living. The number of ' exposures ' depends upon the complexity of the subject and an evaluation of his capacities and opacities.

The purpose of this paper is to suggest techniques which may be used with greater precision in briefer psycho-analytic therapy, not to recommend such treatment for all patients. There are some persons for whom short-term treatment should not be used. But with those for whom it is suitable, and for those who cannot or should not have longer therapy, the shorter therapeutic procedures may be implemented by sharpening the detail in significant areas. For example:

> Mr. X, unmarried, age 23, probably needed three years of psycho-analysis to get himself completely on *terra firma*. But it was decided to use briefer therapy because at that time Mr. X, although wealthy, could not afford to spend three years of his life lying on the couch. He had just started his first job, in a town where there was no analyst near enough to allow him to combine treatment and work. The choice, then, was between analysis and potential career.
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> Long-term psycho-analysis at that period in the patient's life would have meant a setback in establishing his relationships with society. He had what appeared to be a better than average chance of making at least a temporary adjustment with the aid of briefer therapy. It seemed advisable therefore to let him skate over some thin ice—Mr. X was a good skater—after a few red flags had been set up as guides.
>
> There was some certainty that should the patient find himself in trouble, he would recognize the fact and return for help should help be needed. In the meantime he had the security of knowing that, unlike his parents, the psychiatrist had not attempted to take over his life and run it for him, thereby depriving him of his first opportunity to stand on his own feet. Hence with Mr. X briefer therapy should not be considered a treatment of necessity, but *the treatment of choice*. Had the other way been chosen, the inevitable inner obstacles to treatment (resistances) would have been considerably increased while the patient's opportunities to 'find himself' in the outside world were being taken away.

In this case sharpening detail in the area of the patient's current situation determined a choice which would not appear to be ideal. As a follow-up note it should be added, however, that this patient did come back for psycho-analysis after having established himself in his job sufficiently to be able to pay his own bills and after he was, for this and other reasons, in a better position to benefit from treatment. It often happens that analysts, although they caution their patients against perfectionism, are perfectionists themselves.

In briefer therapy it may be necessary for the patient to make more decisions in a shorter period of time than is the rule in long-term psychotherapy; but it is rarely necessary to give advice. The patient should be helped to outline the advantages and disadvantages of one or another plan. He should be given time to discuss the possible outcomes objectively (not as he would with father and mother) and to choose for himself. He should be left free to act on his own unless the physician has good reason to believe that his choice will result in disaster.

In their book, *Psychoanalytic Therapy* (**2**, 1946), Alexander and French report in detail a large number of cases in which good results were obtained with short psychotherapy. As the professional prerequisites which facilitate success, they stress extensive psycho-analytic knowledge and experience, as well as precise understanding of the dynamics of therapy. Their concluding words on the 'Efficacy of Brief Contact' read in part:

> Both the theoretical survey of the psychodynamics of therapy and the impressive evidence gained from actual observations require us to abandon the old belief that permanent changes of the ego cannot be accomplished through shorter and more intensive methods.

Patients who have relegated a large proportion of their tensions to the care of the involuntary nervous system are particularly likely to experience such ego changes or shifts in homœostatic equilibrium. The patient with a classical neurosis or a well-crystallized character neurosis may require more time for a permanent ego change because so much energy is bound in the carefully elaborated defence programme—his Maginot Line—that little is available for action. Energy bound in a psychosomatic disorder is often readily diverted into creative channels once initial anxiety has been relieved. But the possibility of such conversion is decreased in proportion to the degree of crystallization of the accompanying character neurosis. Nevertheless there is always the question, posed by Jelliffe (**5**, 1930), 'What price Healing?' Energy released too quickly may travel to destination unknown and then explode. Skill is necessary to change the circuit without inadvertently causing a short-circuit. In general the patient should be allowed to keep his defences until he himself sees that they are getting in his way.

Dollard and Miller (3, 1950) find that improving the labels (semantics) favours precision in psychotherapy, and they find that a high I.Q. is a major asset. Others have found that the I.Q. and the labels are relatively unimportant as long as communication with the patient is maintained. The patient needs help in verbalizing his pre-verbal psychosomatic troubles. The labels and the method of expression he selects are of little or no importance. The challenge encountered by every psycho-analyst is the task of removing the potential genius from the morass in which he is by way of becoming an emotional moron.

The Range Finder

The photographer, having made a quick judgement concerning the kind and number of preliminary pictures, distance exposures, and close-ups needed, must focus his camera on the subject for each picture by use of the range-finder. If the subject is out of focus the image will be split in the range-finder as it would be split if a therapist had not seen the subject's psyche and soma in proper relationship.

The personality profile is thought of by some physicians as a relatively new gadget, which if attached to the psychological range-finder, may improve its efficacy. Actually the personality profile more nearly resembles a screening device, but it is also a kind of measure. Rothstein (**10**, 1951) in an article entitled ' Information, Measurement and Quantum Mechanics ', says in his first sentence, which should be his subtitle, that he is talking about recent developments in communication theory. He continues, ' Entropy in statistics may be considered a measure of information lacking '. The points where a given patient appears not to fit the schematic profile usually found in association with his illness are likely to be sore spots needing careful investigation.

Personality profiles have been worked out for sufferers from most chronic illness syndromes. If preliminary observations suggest one or another personality profile, it will be easier to judge the areas in which further definition is needed. Probably no personality profile is accurate for more than 80 to 90 per cent. of sufferers from a given illness syndrome. Hence more time will be required in the study of the variants and deviants.

But if, for example, a patient gives a history of a large number of major and minor accidents it will probably be desirable to make the majority of close-ups in the areas which have been shown to be significant for the ' accident-prone '. Special attention should be given to life situations preceding each accident, relationships to authority and to contemporaries, an estimate of the patient's tendency towards impulsive action, and the other character traits which are mentioned in the personality profile for the ' accident-prone '. Close-ups in other areas of the patient's personality will probably show little deviation from the norm. This is even more true in patients with a circumscribed neurosis which has become somewhat like a walled-in tubercular lesion that remains inactive until some trauma occurs to reactivate it.

Without going into too much detail it is possible to give a patient insight into his tendency toward impulsive behaviour. Such insight may highlight his unconscious knowledge that his behaviour pattern is or may well become destructive. Understanding of childhood factors which produced in him such conditioned reflex behaviour may or may not be essential to the development of insight. When the ego is somewhat developed and intact such insight may be sufficient to provide him with the leverage he needs to cure himself.

With many frigid mothers of problem children, close-ups from a specific angle may serve a similar purpose. For example:

Mrs. X, aged 31, who came complaining of a problem husband and a problem son, gave a clue during her first interview in showing photographs of her three children. The photograph of the son showed only the head. The photograph of the two daughters showed their entire bodies in the nude. When the psycho-analyst commented on this fact, the patient said, ' It's the same way in my dreams. I always see my daughters whole. With my son, I see only the head. His body disgusts me. I feel as if I would vomit when I take him to the bathroom. I wish my husband would do it.'

' How do you feel about your husband? '

' The same way. It makes me sick to have him undress in my room, and I won't let him come into my room even in his pyjamas unless the lights are off.'

This patient was sufficiently well adjusted in other ways so that illumination of this area of her emotional life, including the disturbing conditioned reflex behaviour carried over from infancy, resulted in relief of symptoms. Mrs. X was seen twice a week for the first month, then once a week. Treatment was stopped after three months. One month later the husband asked for an appointment with the analyst, and said, ' I just came to say, thank you I was always against this psychiatric nonsense, bu you have not only cured my wife and son, you have made me a new man.' The husband was told that he could not count on a complete cure and he responded: 'If we ever get into any more trouble we are coming back.' Some four years later the analyst received a Christmas card from Mrs. X with a group picture of all the family and a statement: 'I wish all our friends were as happy as we are.'

It is difficult to give in a few words an adequate picture of a psychotherapeutic procedure. Perhaps the most important point to be stressed here is the fact that the psychotherapist should be able to distinguish between conditioned reflex behaviour and secondary neurotic elaborations. Of course both are found in every sick person, but it is the task of the therapist to evaluate them qualitatively and quantitatively.

Sharpening the Focus

It may happen that when the view-finder and range-finder have been carefully adjusted, potentially important areas in the picture will appear out of focus. In this instance it may be necessary to resort to the methods used by the laboratory technician who, having seen through a low-power lens a questionable spot on his slide, shifts to a high-power lens for further information. Similarly it may be useful for the photographer to shift to a lens with more depth of focus in order to sharpen the outlines of the essential parts of the picture. But the disadvantage in the utilization of such devices is that the deeper the focus the flatter the picture. Care must be taken to avoid loss of perspective.

It often occurs in the course of a psychotherapeutic procedure that a point is reached where nothing seems to be happening. This may mean that some deeply buried connecting link is missing. The therapist must then decide whether to wait or actively to guide the patient's attention to the area where it is suspected that the missing link may be concealed. Co-operative patients who give relatively normal case histories are particularly likely to present technical problems which require such focusing. For example:

If a young patient, because of his passive dependence, states that he has 'never in (his) life disagreed with (his) father' it may be desirable to point out that this is a rather unusual state of affairs, perhaps that he must be particularly lucky. A case in point is that of Mr. V, aged 26, to whom it had never occurred to question his father's ideas. Asked if he had never encountered *anyone* who questioned his father's ideas, he replied, 'No, except my mathematics professor, who said he thought it not inconceivable that we would be at war with the yellow race in less than ten years. I told Dad, and he said "mathematicians are always crazy". I believed him, but just the other day we got a cable that my brother was wounded in Korea. I guess that was the only time in his life that Dad ever made a mistake.'

Discussion of this observation led rather quickly to an ego reorientation on the part of the patient.

Light and Timing

Of course in photography it is essential that the lens aperture and exposure timing be so related that the light is adequate to produce the desired image on a film of a given sensitivity. Too much light is as bad as too little.

In making this adjustment, there is the choice between a large aperture combined with a short exposure and a small aperture combined with a long exposure. If time is available, the small aperture and long exposure may be preferable; but if the short exposure is necessary because of the nature of the subject, the aperture must be increased. For example, if the subject is moving very fast, it is technically impossible to catch him with a long exposure. The motion, rather than the subject, would be photographed.

In short-term psychotherapy the physician needs sufficient illumination (from without and from within) to obtain an adequate picture of his subject. Because of the short time available he may have to use methods designed to obtain a picture with less detail than is evoked in long-term analysis. Choice of method is determined by the nature of the subject and the limitations imposed by the given situation. Often the picture is sufficiently clear for much of the detail that would be elicited by longer exposure to be essentially irrelevant.

Picasso, for example, did three versions of the same painting. The first rendering had the most detail. The next two showed the process of suppression of details with highlighting of the significant. When people looked at the third version, which was the most simplified but the most brilliant and meaningful of the three, they said, 'This must be just your child's copy of your painting.' A connoisseur could see that it was the result of long and arduous definition of his intention.

The photographic metaphor has been used in this paper from the point of view of techniques, but also because the aim of psychotherapy is to give the patient an image of himself without the kind of detail that can result only in confusion. Long-term psycho-analysis may, and often does, give the patient a picture of himself in which every detail is recorded, as in a copper etching. It may be that the patient will come to recognize himself more clearly in a less detailed self-portrait, sketched with his own perhaps clumsy techniques.

It is the responsibility of the psycho-analyst who chooses briefer psychotherapy as the best method of restoring a given patient to health to correct for the errors inherent in the briefer techniques. The remainder of this discussion is devoted to means of detecting and correcting for such errors.

Correction for Errors Inherent in Technique:

Compensation for Highlights and Shadows

However adequate the technical device, and however good the technique of the operator, errors will be encountered. Artefacts are more frequent in the shorter therapy and are likely to be harder to detect. Some of the familiar predicaments to be avoided are here listed under the heading ' Vacuous Ambivalence ', with special reference to the seemingly ' empty sessions ' and black-outs *versus* ' act-out ' which are only too likely to become misleading or explosive.

Vacuous Ambivalence

' *Empty Sessions* '

Many patients tend at one time or another to adopt the pattern of the laymen described by Kasner and Newman (**6**, 1940), who ' seem to be under the impression that since zero equals nothing, they can add as many zeros to a number as they please, with practically no serious consequences '. Of course the analyst knows that this is not the case, but he should be careful when the patient persists in adding one ' empty session ' to another. If this happens the chances are that the patient will become nihilistic—discouraged or explosive in a disconcerting fashion.

Such sessions are readily put into focus in the course of any prolonged psycho-analytic procedure, but if briefer psychotherapy is mandatory or rationally selected, they must be handled with extreme care. Many physicians and patients who fail with short-term psychotherapy fail because they are frightened by the seemingly empty sessions. A patient may feel like the Ancient Mariner becalmed in the Sargasso Sea, or caught in a stalemate, and then it is only too easy to decide that the method of treatment should be changed. But this is not always necessary.

There are ways of averting the seemingly empty sessions. One of the most important is omission of unnecessary details. The therapist must, of course, let the patient say what he will, since suppression results too often in the building of fences. But it is not necessary to dwell on every detail the patient mentions. When the patient becomes obsessed with a subject, the analyst should be quick to sense whether or not to let him go on with it. When driving through a mud hole, one does not always need to scrape off the mud; frequently it is better to proceed toward the destination.

Seemingly empty sessions produced by a patient's mood are rarely alleviated by the technique just indicated or by any variation of it. The patient may appear to suffer from lockjaw, which nothing from any kind of red herring to a ' right to the jaw ' will unlock. When this happens the patient is probably caught in an ' all-or-none ' reaction, and the technique selected by the analyst must be adjusted to the pre-verbal level. It is often useful to suggest to the patient that perhaps he is unable to talk because what he has to say is something that has never occurred to him in words. The suggestion continues ' Why try to keep the words back since there aren't any words.' Usually the response to such an approach is an infant kind of acting out *via* tears or smashing something.

Crying in the doctor's office is likely to mean progress, particularly if the patient did not arrive in tears. But it's important to know the meaning of the cry one hears. Sometimes a long cry, like labour pains, is a necessary step toward the goal. Or it may be just a waste of time and energy. In long-term treatment one has more time in which to evaluate the meaning of the cry. In briefer treatment it is useful to know quickly whether the cry means colic or safety-pin or loneliness. When the patient is not productive, the physician may be required to take the initiative. A skilled psycho-analyst knows when a polite comment may have the effect of a ' kick in the pants '. This device is particularly useful with a patient who is over-polite in order to cover up for his repressed anger and his correlative lack of response.

Following a session in which his defences had been clearly charted by the analyst (enemy), Mr. Y came for his next interview stating that he was no longer going to ' lie on the couch like a baby ' and that he was going to ' quit drinking '. After a while, during which he had expressed his feelings about his ' enemy ', he moved from a chair to the couch and began to associate freely about a rather significant dream:

' I had to get up early in the morning to be on time for my appointment. I was driving very fast. I saw a car at the side of the road and circled around it, only to see afterwards that the car had been stopped by a policeman. The policeman had left his motorcycle at an angle to the road, which resulted in my clipping him. I got out of my car and went back to see the cop. He asked me how fast I had been driving. I answered that I didn't know, but that we could easily tell if we walked back and looked at the marks where I put on my brakes. Then I went to the policeman's motorcycle and said, " It is sticking out in the road and your lights aren't on." The policeman said, " My lights are on." So I shook the motorcycle and showed him that there was a loose wire and that the lights went on and off. I then said, " Now would you like to walk back with me and see whether I was speeding or not? " The policeman put his arm over my shoulder and we walked together and he said, " I guess you weren't speeding." '

The patient's comment on this dream was that probably the analyst was the policeman because the analyst had made Mr. Y angry. But Mr. Y figured that it was better to tell the analyst ' what's what ' and go on with his treatment. Adequate analysis of this dream would require more detail than would be useful for the clarification of the points to be made.

' *Blackout* ' versus ' *Act Out* '

A patient may erase his free associations before he has verbalized them. When this happens the patient may ' blackout ' and have nothing to say, or act out his conflict without knowing what he is doing. Occasionally the conflict is dreamed out in a way that may save him from the annoyance of either of the two rather extreme responses. Lawrence Kubie (7, 1950) states that some rules would not be needed, ' were it not for the somewhat surprising fact that so many human beings find it less disturbing to act than to think; and once a patient has acted, it becomes extremely difficult and often impossible to lead him to re-examine the subtle conflicts out of which his action arose.' This is particularly true of patients with physical complaints.

Patients who are troubled by ' hung-over ' conditioned reflexes, stimulated by super-ego edicts that have produced a feeling of isolation, are likely to feel: ' What am I doing here and who are all those others? ' As every analyst knows, this is not a comfortable feeling. The patient helped to come to terms with his inner sense of insult will thereby become less thin-skinned when battered by the world outside.

Circuit Rider (*Maker*) versus *Circuit Breaker*

Exploiting the Analyst

Patients who tend to escape from their ambivalent vacuity may attempt to take the analyst ' for a ride '. It is important for the analyst to know when this natural impulse should be gone along with, circumvented, or short-circuited. Up to a point the analyst should allow himself to be exploited, but it is important to determine just when the circuit should be broken.

Sometimes a ' lovelorn ' patient may really need to feel that he may cry safely on a shoulder. Sometimes a patient may cry or stage a scene purely for the purpose of getting something. Such exploitation may be a therapeutic asset, but such behaviour may waste analytic time and become self-defeating to the ' weeper '. Then the question arises at what point to break the circuit and how. Sometimes the patient may stage a tantrum, hoping like a child for the reassurance of being stopped. The physician experienced in briefer psychotherapy will be more effective if he knows with which one of these three situations he is dealing. Such knowledge may not be critical for the psycho-analyst who has decided on a long-term procedure, because if he makes a misjudgement there is more time in which to correct for it.

If short-term psychotherapy is clearly understood as a psychodynamic procedure, it follows that the patient should be left free to make some corrections for himself. Sometimes it may be advisable to postpone the next appointment for a week in order to ascertain what the patient is capable of doing on his own. At other times it is better to have a number of consecutive appointments. Before making such an experiment it is important for every therapist to realize that whether he undertakes treatment of a patient on the basis of one or six interviews a week, the spacing of the sessions should be determined by the patient's tempo, not by the physician's schedule.

For example, Miss T, aged 19, during her fourth interview spoke in a raspingly hoarse, aggressive voice. The analyst commented on this fact, and she replied: 'It's because I'm working myself up to a good, long cry. I shall probably cry all night.' The patient had reported many previous all-night cries. The analyst said, 'Why not start now?' She replied, 'I can't afford to waste time.' The analyst said, 'It won't waste time; it will get over quicker,' threw her a handful of Kleenex and said, 'Now go to it.' Whereupon the patient giggled tearfully and got down to business.

A different technique was used with Mr. Z, aged 45, who burst into tears on the couch. The analyst allowed him to sob for about twenty minutes and then said, 'What were you thinking about?' He said, 'It's so awful to be held up to the ceiling for so long.' The analyst asked, 'What do you mean?' The patient answered, 'Well, I've told you before, my father used to beat me, but that wasn't the worst. Because mother thought he shouldn't beat me, so when I was punished he held me up to the ceiling and she sat down and scolded me, and he wiggled me so much I was afraid he was going to let me crash on the floor.' The analyst said, 'Most children love to stand on their father's shoulders and touch the ceiling.' The patient said, 'Not when it's supposed to be a punishment, and your mother is scolding you all the time.' The analyst said, 'Do you get some idea of why you're scared of high places?' He said, 'I never thought of it before, but that's probably why all my life I was sure I was going to fall—fail.' The analyst said, 'You started out to tell me that you hated all women and then told me how much you hated your father and how much you loved your mother. But which really did you hate more—the mother who told father to hold you up to the ceiling and then scolded you, or the father who did it?' He said, 'Father should have known better than to do what mother said, I'd rather have had a thrashing.' Probably this patient could not have recalled this rather unusual punishment had he not sobbed like a child for twenty minutes.

The nineteen-year-old girl, much closer to her infant traumatic experiences, needed to cry mainly because of pent-up emotion which she could discharge with ease in a giggle, and then get to work. Hence in the case of the girl the circuit-breaker was useful. In the case of the forty-five-year-old man it would have served only to reinforce his repression. Therefore, had both cases been chosen for briefer psychotherapy, it would have been important to use a different technique with each. Had a long-term psycho-analytic procedure been used for both, the technique chosen at a given time would have made little difference. Furthermore, in long-term psycho-analysis each emotional situation would have been interpreted sooner or later.

In these cases the obvious interpretations, which will occur to every specialist in depth psychology, are omitted. If a patient grows, detailed interpretations may be skipped because it is clear that he has made them for himself.

Filibuster

A well-known technique employed by the resistant patient is the filibuster. He may run on telling stories that serve as red herrings. How long should the patient be allowed to play this game? In long-term psycho-analytic procedure the chances are that he will wear himself out, although it may be advisable to interrupt him if he appears to be going on like a gramophone record when the record changer is jammed. But in briefer psycho-analytic therapy it is often necessary to foresee and circumvent this kind of jamming.

For example, patient Q, aged 25, who consulted a psycho-analyst because of diarrhœa which had not been helped by the many physicians he had seen during a period of two years, talked at great length about his perfect parents. Finally the analyst asked: 'What persons other than your parents influenced you prior to adolescence?' Mr. Q said: 'They had two friends who used to come to dinner three times a week.' The physician asked, 'Did they ever disagree?' He answered: 'No, they were all Episcopalians and good Republicans, and I never heard any arguments.' Like Mr. V., he had grown up in an enclosure which excluded all deviations and deviants from the family's constricted pattern of living and thinking. It was not until his senior year in college that exposure to people who thought differently had made the slightest impression on his well codified ideas and morality. He had begun to feel lonely and the family milieu seemed sterile. For comfort, he turned to girls and alcohol. He said, 'I seemed to need an outlet and I could keep my girls and drinking private so that I wouldn't hurt the family.' It is perhaps noteworthy that he rarely drank with boys and rarely slept with the same girl more than once or twice.

The patient then entered upon another long eulogy of his parents which the doctor interrupted with the question, 'Just when did the diarrhœa start?' The patient said with some annoyance, 'I have already told you: in Japan.' The patient then made it clear that he had never travelled before outside of the United States and in the United States only accompanied by his parents. The trip to Japan had been his first exposure to a foreign culture. It became evident that this experience

> had thrown him out of homœostatic balance. Probably had the patient been allowed to continue his filibuster, which was a combination of eulogy and diatribe, it would have taken him longer to understand what had happened to him.
>
> While the patient was talking he had been making odd motions with his shoe. The physician commented on this fact and the patient replied, 'My sneaker is too big for me.' He added, 'I think I should stand on my own feet and earn my own living even if father can support me. I know I get diarrhœa when I go back home. My skin trouble comes back too.' It was suggested that the cocoon in which he had been living had begun to make him itch, but that getting out of the cocoon was frightening. This patient, who had done considerable reading, said, 'Do you mean my symptoms come from a dependence-independence conflict?' The physician, who in taking a long term case might have remained silent, replied, 'You may have read something like that in some book but does it apply to you?' The patient answered 'Certainly not.'

Ordinarily the doctor would not have asked the questions about the father. He might have let the patient go on until he tired of saying his father was perfect. But for briefer psychotherapy it was better to interrupt. It should be remembered, however, that the patient should be interrupted by his physician only when the physician sees the psychodynamic situation with sufficient clarity to know what he is doing.

Any words spoken by the analyst during treatment must be carefully considered. Any question asked removes the analyst from what Kubie (7, 1950) calls his 'Olympian or godlike status'. In order to ask questions he must, like Wodan, come down to earth and be human for a little while. This change in rôle is often frightening to the patient. When such a change is made it is important to let the patient know that the analyst is not simply yielding to a whim, but that instead he has reached the conclusion that the patient no longer needs to cling to the shirt-tails of an unknown and an untrusted god. Kubie, in discussing this point, states:

> The psycho-analyst as an individual must be unknown to the patient. Therefore he keeps himself as much in the background as possible, out of clear focus and definition, quietly friendly but always impersonal and reserved. He makes no show of his life, his work, his tastes, his pets, his family, his feelings, or his opinions. In so far as this is humanly possible he remains a peg on which the patient can hang his conscious and unconscious fantasies.

But sometimes this attitude on the part of the analyst results in his becoming a peg on which the patient will hang *himself*. If a patient's major difficulty in early life has been lack of human contact, the analyst who remains a peg *incognito* may produce in the patient a sense of despair rather than the desire to live and create.

A patient is unlikely to get his bearings if the analyst serves as a compass pointing North, South, East, or West, according to his own or the patient's whims. The patient will begin to say 'I can't go on' or 'I won't'. Given plenty of rope he will probably work himself out of this dilemma, but the analyst experienced in short-term psychotherapy may be able to save his patient time. If the analyst has learned to remain sufficiently close to his patient, he will know when to help and when not to help. The management of transference problems is more difficult when briefer psychotherapeutic methods are employed.

Variations on the Original Theme

The patient undergoing routine psycho-analysis may be dismissed when his time is up even though he may have a sentence hanging in mid-air. But strict adherence to the stop watch may create difficulties in short-term treatment and retard ego development in the patient whose next appointment is to be one or two weeks later. Special care should be used with compulsive patients who arrive always on the dot. It may be useful, by way of decreasing their rigidity and increasing their flexibility, to keep them waiting a few minutes, or perhaps to keep them a few minutes overtime.

Patients often cling to the exact number of minutes per day with the analyst. In some instances and in some periods during the treatment programme patients should be allowed to cling. But the goal of therapy is to make it possible for the patient to stand on his own feet. The techniques selected, if directed towards this goal, cannot be defined in any given set of rules.

The All-or-None Reaction

It is well known that there is an infant in every adult (*The Infant in the Adult*, **8**, 1949). If the 'infant in the adult' is given too much freedom the psychiatric sessions are pushed into a pre-verbal pattern, where very little can be accomplished. On the other hand, such sessions occur inevitably in every psycho-therapeutic procedure, whether the method chosen be briefer analytic therapy or the more familiar long-term psycho-analysis.

Techniques have been devised which may serve to make such sessions constructive rather than destructive. If the therapist is able to feel with (develop empathy with) the infant in the adult he is treating, he will be better able to help him cope with the force of his pre-verbal conflicts and reactions. When a major trauma has occurred in early infancy, it is possible that only the body remembers. But the body does remember. Hence odd behaviour of body or mind should be expected and taken casually by the physician, if only because it is always frightening to the patient.

When Patient Becomes Impatient

All patients become impatient at one time or another during the course of treatment. If the physician shows annoyance the chances are that he will lose therapeutic contact. If the physician tells his patient (and himself also) that this is to be expected, the patient will be less frightened by his tantrum. After the initial explosion he can say to himself: ‘ But this was all in the cards.’ If he is able to state his realization in words, it will be easier for him to look at his behaviour objectively.

Assistance such as that suggested is not good for all patients. Often a patient needs a period of attempting to pull himself up by his boot-laces, combined with a sense of freedom to behave as he pleases.

A patient may ask the doctor day after day, ‘ How much longer? How much shit do I have to get out on this couch? ’ And then the doctor must choose between giving no answer or saying something like ‘ I have no idea ’ or ‘ As long as you please ’. Eventually these patients change. But it is often inadvisable to take the initiative in bringing about the change.

According to certain literature (Dollard and Miller, 3, 1950), children are not able to wait because they do not know what they are waiting for. The main question is not what they are waiting for but how they can obtain for themselves that which their parents have not given them.

In briefer psycho-analytic therapy the doctor must be sufficiently ahead of his patient to protect him from the dangers that are likely to ensue if he has his own way. In long-term psychotherapy the natural impulse to act out and engage in self-defeating behaviour is easier to control.

Patients with psychosomatic disorders who seek psychotherapy or consult the psycho-analyst, frequently present problems as to techniques. The *treatment of choice* in one individual suffering from hypertension may be psycho-analysis, in another briefer psychotherapy. In some cases, careful diagnosis may indicate close co-operation with the internist; in others the psychiatrist or psycho-analyst may safely assume the whole burden.

For example: Mrs. L, a married woman, aged 44, consulted a psychiatrist ‘ as the last resort because all the doctors had let me down.’ Since her marriage twenty-four years ago she had suffered from frigidity, colitis, diverse allergies ranging from asthma and hay fever to eczema, urticaria, and migraine, from which no physician had been able to give her relief. Recently she had developed anginal pains and had become convinced that like her father she was going to die prematurely of heart disease.

Family History. Patient was the second daughter in family of three, the younger sibling was her brother. The younger brother was not very important in her life. He was generally considered ‘ crazy ’ and lived on the West Coast. The older sister had been a tomboy, considered by both patient and family as representing an ideal which she could never reach. Then the older sister succumbed ‘ to a virus disease which left her a cripple ’. The diagnosis was Parkinson’s disease. The mother had suffered from tuberculosis and died when the patient was twelve years old. The father, who had always been a fourth child in the house, imposed upon his twelve-year-old daughter the role of wife and mother. The rest of the family history was somewhat obscure, but included an uncle who some years ago had been committed to a mental institution.

Personal Data. Aside from feelings of rejection from the mother and beatings from the father, this patient remembered few experiences before the age of twelve except those involving sibling rivalry.

Health Record. Poor previous health record, with a tendency to minor operations and minor and major illnesses including allergy. Considerable susceptibility to upper respiratory infection and pelvic dysfunction.

Accident Record. Better than average.

General Adjustment. Education above average but not allowed to go to college. Work record—housewife. Income level high because of husband. Social Relationships—shy, childish, not well liked. Sexual Adjustment—fear of sex and marriage. Attitude towards family—marked (inadequately expressed) resentment towards both parents combined with a tendency to exploit her husband.

Characteristic Behaviour Pattern. Ability to pose as a good sport combined with a childish appeal for sympathy.

Neurotic Traits. In early life mainly temper tantrums, fussiness about food and later extreme mood swings combined with guilt and depression.

No particular *addictions or interests*.

Life Situation Immediately Prior to Onset of Illness. General stress and strain to be specified later.

Reaction to Illness. Tendency to get satisfaction out of suffering.

Area of Focal Conflict and Characteristic Reaction. There was identification with the opposite sex combined with a tendency to undermine all males including the part of herself which represented a masculine identification.

After the first interview this patient went out West to visit her crippled sister and returned 'blind'. She was sent to an ophthalmologist who gave a very poor prognosis. Two years later he saw the patient again and said it was the first time in his twenty years of practice that he had known this type of visual defect to clear up. He had always thought it to be purely organic and irreparable.

During the course of her analysis this patient had intermittent attacks of blindness (not hysterical blindness), serious trouble with her teeth, skin, gastrointestinal tract (colitis, constipation, diarrhœa, hæmorrhoids), genito-urinary tract (irregular menstruation, cystitis, vaginitis and pains resembling labour pains), upper respiratory tract (asthma and unnecessary colds), musculoskeletal system including rheumatic pains, low back pain, and she complained more or less constantly of sleeplessness, depression and headaches. Each shift of symptom from one organ system to another appeared in relation to the material produced from one psychoanalytic session to another.

This patient had not only identified herself with her sister but had incorporated her sister and was constantly attempting to get rid of her. She said often, 'Oh, I have a pain, my rectum is tight as a fist, I think I'm having a baby.' Every time she became frightened her body expressed her fear, not her mind. Her body tried all the physiological methods of excretion, skin and pimples, colitis and 'flush her down', labour pains and 'deliver her as a new born baby', blindness, 'black out don't see her', 'cough her up', etc., but nothing worked until she realized that after what had happened the problem of the sister could never be satisfactorily solved by way of the physiological avenues of elimination.

In the foregoing discussion of possible errors in technique, criteria for determining therapeutic regimen have been given against the background of the personality profile and analysis of character defences. The nature of the pain reported and the patient's reaction to pain is here illustrated in the history of a patient who emerged successfully from two years of intensive psycho-analytic treatment. During the course of her psycho-analysis she added more than the usual number of complaints to her initial complaints, thus illustrating clearly the relationship between character (including the configuration of unconscious conflicts) and symptom formation. Conclusions are based on analysis of this and other cases which have served to illuminate the psychodynamic processes involved.

SUMMARY

In this paper the purpose has been:

(1) To call attention to the need of improving precision in short-term psychotherapy, not to suggest that such therapy is suitable for all patients.

(2) To suggest a means of selecting from among a large group of persons in need of treatment, for whom psycho-analysis is impossible or undesirable, those likely to respond best to briefer methods.

(3) To point out that, in determining the treatment of choice, the psychic and somatic components in the illness syndrome must be evaluated not only quantitively but also qualitatively. The nature of the character neurosis has a bearing on physiological dysfunction; for example a compulsive character suffering from asthma needs a therapeutic regimen which is very different from that needed by a compulsive character suffering from hypertension.

(4) To illustrate the peculiar hazards inevitably encountered in short-term treatment and the reasons why some analysts hesitate to accept the responsibilities involved. Suggestions are made as to some adjustments in technique which may help in coping with the difficulties inherent in the method. These adjustments are particularly needed in the timing of appointments, the giving of interpretations, and the management of transference.

(5) To point out the service that skilled psycho-analysts may render if they are willing to direct their attention to this somewhat neglected field of research and therapy.

In conclusion it is urged that psychiatrists who undertake short-term treatment do so only on a basis of thorough training in psycho-analysis and considerable experience in its practice. Whatever his brilliance as technician, the psycho-analyst, if he is to heal, remains first of all a physician.

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NOTES ON THE ANALYSIS OF SEXUAL PERVERSIONS[1]

By DR. W. H. GILLESPIE, London

In the *Three Essays* Freud uttered a famous aphorism which is sometimes treated as though it epitomizes all he has to say about the perversions. I refer to his statement that ' neuroses are, so to speak, the negative of perversions '. Now neurosis is, of course, in Freud's view, a compromise between a sexual impulse and its repudiation, and the statement, as it stands, suggests that the perversion represents the positive, unmodified sexual impulse, whose modification through defensive processes on the part of the ego gives rise to the neurosis. Thus it seems implied that in perversion we are dealing with an id activity, little interfered with by ego or superego. This at least is the interpretation put upon Freud's early discussion of perversion by many of the non-analytic critics. I need scarcely add that a general survey of Freud's writings on the perversions shows that this is a travesty of his view. In his discussions of homosexuality, of sado-masochism, of exhibitionism and voyeurism, and of fetishism Freud quite clearly credits the pervert with numerous other defence mechanisms besides regression, and obviously regards the ego as deeply involved in the process of perversion formation. One of the most interesting of these discussions is related to the splitting of the ego in fetishism, a splitting which is to be found, as he points out, not only in other perversions but in neuroses and psychoses as well.

The mechanism of splitting, both of the ego and of the object, has been discussed in detail by Melanie Klein; she relates it to denial, omnipotent idealization, and annihilation. Although she has described these as schizoid mechanisms, she clearly does not mean that they are to be found only in schizophrenics, but rather that they are amongst the earliest and most fundamental of the defence mechanisms of the ego. I have no doubt myself that splitting of the object and of the ego, denial and omnipotent manipulations of the relation to objects play a leading part in perversion formation and help us to understand its relationship to psychosis. Mrs. Klein suggests that in this early phase such mechanisms play a rôle similar to that of repression at a later stage. Here we have an important clue, I think, to the striking phenomenological differences between neurosis and perversion, which led Freud to say that the one is the negative of the other. In other words, we are dealing not with a contrast between defence and no defence, but between repressive defence and more primitive defence of a schizoid or splitting character.

Now the splitting mechanism, as described by Mrs. Klein, is characteristic of an early stage of ego development, when ego organization is still very imperfect and disintegration can easily take place, It is a stage when both libido and aggressivity are expressed predominantly in oral terms and when the breast is the object of both these instinctual impulses. The importance of the oral factor in various perversions has been increasingly stressed in more recent contributions. Indeed, this emphasis on the oral factor is to be found at least as early as 1921, in Sadger's *Geschlechtsverirrungen*.

On the other hand, if we turn to Fenichel's discussion of the perversions, we find the main emphasis consistently placed upon the castration complex, and this ætiological monotony has led to a good deal of criticism. No analyst experienced with perverts can doubt that the castration complex is in fact extraordinarily prominent in these patients. I suggested in my previous paper that we are dealing not with an either—or, that is, either with defence against castration anxiety or defence against some earlier, pregenital danger situation—but rather with a specific modification of castration anxiety, determined in its form by earlier, pregenital, and especially oral developments. Some such hypothesis seems to me inescapable if we are to do justice not only to the two classes of psycho-analytic experience just mentioned, but also to the well-known clinical fact that some perversions are extremely unequally distributed between the sexes. It is well known, for instance, that fetishism and genital exhibitionism are incomparably commoner in the male sex. If one lays all the ætiological emphasis on oral factors and on such primitive mechanisms as splitting of the ego and of the object, how is one to account for such a striking clinical finding? There is always a danger that the fascination of more recent discoveries may lead to the neglect of earlier, well-established findings. By standing on Freud's shoulders it may be possible for us sometimes to see further than he could; but if we abandon that position and rely on our own stature alone, our horizon is apt to become very limited.

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[1] Paper read at the 17th International Psycho-Analytical Congress, Amsterdam, 1951.

Clinical Material

Case A. This man came to me at the age of 30 with severe personality difficulties and gross sexual inhibition, his sexual life being confined to masturbation with sado-masochistic phantasies and shoe fetishism. He was extremely perturbed over the idea that he might be homosexual, and intensely afraid that everyone would suspect or find out his guilty sexual secrets.

This man illustrates in an extreme degree the splitting of the ego. He has two quite distinct personalities, which he calls upstairs and downstairs. Upstairs is a brisk man of the world, polite, considerate, and cooperative, capable of working out clever and successful systems of operation on the Stock Exchange, or of outstanding success in more academic fields. On the couch, however, it is mostly downstairs that is in operation. Downstairs is completely absorbed in the nursery situation, and for it everything is seen in these terms. Downstairs is a baby, and even speaks with a baby voice, entirely different from the Oxford tones of upstairs. Downstairs, in fact, takes to the transference situation like a duck to water, and intensely resents anything that interferes with its projections, as when the analyst shows signs of being a real person. Downstairs is ruthlessly aggressive and egocentric, but at the same time very timid, and analysis has to proceed with the patient holding the surgeon's hand, as he puts it. It is essential that the analyst be someone who can be ruthlessly attacked without showing signs of being hurt, and without hitting back. Hence I was for long identified with Golly, a plaything that was of great emotional significance to A, to whom he could confide his joys and sorrows, as well as make safe sexual experiments, such as rubbing him between the legs. Golly was a compromise between a living object and a completely inanimate one, such as a shoe.

Underlying this is the need to control the object fully, so that it can neither frustrate, nor cause guilt when sadistically attacked. This involves an avoidance of animate objects—A felt he could not make any sexual approach to a girl unless she were anæsthetized. Thus in the transference the analyst must be completely passive and impersonal, and is practically never referred to as 'you', but in the third person, as 'the analyst'. There is, at the same time, an intense vigilance towards me, with the closest attention to the slightest sound I may make—coughs, lip movements, 'tummy rumbles'—all of which are at once interpreted as having reference to the patient, generally as indicating disapproval, and so as danger signals. This dual attitude comes out in the fact that although he sedulously avoids looking at me, he constantly tries to catch me unawares by coming early, and by approaching my door silently and without knocking. Here there is a clear relation to an early primal scene, and, as will appear later, it is really a third person, or father's penis inside mother, towards whom he is so vigilant and who threatens persecution. The primal scene seems to have occurred at the age of about two years, when his father came back from the war and usurped his place with his mother.

Shortly after this there occurred another experience, which he calls 'The Lady on the Lawn'. The details are not clear, but its essence must have been a sexual approach to the mother, modelled on what he supposed father to have done—this he conceived as a sadistic attack which mother at first resisted but later succumbed to and enjoyed. She was in fact frigid and regarded father as a sexual and even homicidal maniac, so the little boy's idea may be accurate enough. In the scene on the lawn, his approach to mother was rebuffed with horror and, I think, an implication that he was identified by this behaviour with the bad father. His further development seems to stem from this rebuff. It is characterized by splitting of the object. Mother becomes idealized and desexualized—a beautiful lady in the sky, cool, asexual, towards whom one must deny one's love. The sexual object undergoes various transformations. In part it becomes Golly, or a shoe—but a shoe in relation to a little boy, who is having it put on and laced up tightly. The further development has much reference to the father and to punishment and the typical sexual phantasy is that a little boy is being treated in this way by nurses or other hostile adults, who are talking over his head about him, saying what they are going to do to him, the climax being to take him up to Daddy's room, where he will be punished.

A further split in the object takes place between the idealized mother and the bad nurses. He wants to tell mother of his ill-treatment by the nurses, but fears to do so, for they are always standing by to contradict him, and will take a terrible revenge when they get him back in the nursery. In the transference this situation comes out repeatedly—he feels there is a third person in the room, so he cannot tell me anything directly, but only hint at it, or say the opposite. On several occasions he has felt so sure that there was someone listening that he has had to get up and look behind my screen. At a deeper level, this hostile, persecuting third person represents the father's penis inside the mother; a constantly recurring infantile phantasy or dream is of creeping up a tunnel under the bed, made of sheets; suddenly a terrifying figure like Punch appears, chases him and torments him by tickling —here again the homosexual persecution betrays a strong erotic component. Recently, he thought I avoided greeting him lest I betray by my voice that I was not really myself but a bad terrifying person inside me, masquerading in my external form.

Again, in the fourth year of analysis, there was a strong tendency to identification with the pregnant mother—he thought he was getting very fat, growing breasts and turning into a woman. His sister was born when he was two years old, and I think the scene on the lawn probably occurred during the pregnancy. Interpretations relating to this pregnancy have met with the most violent resistance.

The fragmentary material I have given will serve to illustrate the splitting mechanism, the withdrawal from personal objects, the denial of reality and the strong introjective and projective mechanisms. The characteristic feature, which brings this so near to psychosis, is his calm acceptance of these mechanisms and phantasies—so long as he is on the couch and ' downstairs ' is in the ascendant, the ego does not resist these ideas. However, ' upstairs ' is always there in the background to make sure that downstairs is safe, in or out of the analytic situation, and it seems to be this ego split, allowing a certain autonomy, and in case of danger even a degree of leadership to upstairs, that saves him from psychosis. At the same time, we have the splitting of the object, which occurs in more than one direction; there is the split into idealized, desexualized mother, *versus* sexual, sadistic, bad father and nurses, who are so dangerous, on the one hand, and the fetish class of objects on the other—Golly, shoes—with whom sexuality is permissible and safe. Indeed, it had not occurred to him till he was about twenty and read a book on sexual perversions that his peculiar feelings about shoes were anything but harmless. This illustrates the very important function of perversions in avoiding guilt feeling. Whatever form they may take, they are essentially *not* the guilty œdipal activity. In the case under discussion, sexuality and sadism is projected on to a conveniently well-adapted father figure, or on to wicked nurses. As far as the patient is concerned he can say ' I don't *do* anything, it is done *to* me—the shoe is put on, the laces are tightened, it grips me.' Essentially, this is the masochistic defence against guilt.

Case B. My second patient, a flagellant, is singularly free from sexual guilt, though he has many phantasies of being found out and publicly exposed. This guiltlessness is readily understandable where he is being tied up and beaten; but the mechanism seems to operate just as successfully when *he* does the beating. What becomes of guilt feelings in sadism? I am not sure that we have the answer to this question, but I suspect that again the splitting mechanism has something to do with it. My second patient was very conscious of the double life he led and chuckled inwardly to think what people would say if they only knew that this pillar of society, as he is to outward appearance, indulged in such outrageous behaviour. He himself, however, regarded his perversion as perfectly harmless, and insisted that most people just do not have ' the right idea ' about it. That is, he and those like him abhor real cruelty, and enjoy themselves only if their partners are enjoying the complementary rôle as well. None the less, one of his more refined pleasures was to revisit a girl he had beaten and examine the weals. Thus here again there is a denial of reality in the sexual sphere, and assertion that pain is pleasurable and wounds, whether in oneself or another, something to gloat over.

In addition to this split in the ego, there was in this case an equally significant split in the object. By ' object ' I do not mean the female partners of his flagellations, who were of little significance to him as people, but only as fellow-enthusiasts and necessary to the execution of his phantasies; these were always in some degree spoiled by the imperfections of reality. No, the real object seemed to be the instrument of whipping, and his attitude to whips was very similar to that of a fetishist to his fetish. He was fascinated by them, collected them, and gazed at them in shop windows. The point of interest here is that he had also a severe phobia of snakes, which was a real burden to him as it interfered seriously with his hobby of travelling. He frequently dreamt of them, typically that a snake suddenly confronted him in a passage. The connection between whips and snakes, and their common phallic significance had been entirely unconscious before analysis.

The oral factor showed itself in an eating disturbance and bouts of excessive drinking to the point of amnesia. He came to analysis regularly just five minutes late, repeating his behaviour at his mother's dining table.

In this case, too, there was a marked withdrawal from all emotional involvement with people; what he most wanted in the world was to be left alone with his hobbies. This led to a peculiar transference situation. He much appreciated me as the only person to whom he could talk freely; but at the same time the transference never developed into a personal relationship, and he did not expect any real help from the analysis, looking for his salvation to some external event which would free him from his daily tasks and enable him to carry out his phantasies undisturbed. The event he chiefly relied on to produce this happy result was the death of his widowed mother, to whom he was extremely strongly, but extremely ambivalently attached.

Case C. This is a case of shoe fetishism in a man of 30. The material was completely dominated by a powerful castration complex and a desperate defence against feminine identification. The mother was the prime castrator, who wanted both him and his one-year-younger brother to be girls. The brother independently developed a boot fetishism, but I was not able to examine him. The mother made a religion out of a dead and angelic older sister, whom the patient never saw. She kept a room always locked which contained a life-sized doll, and after her death it was found to contain an extraordinary hoard of useless articles, including 140 handbags. The analysis was regarded as a castration threat, which would completely remove the fetish, leaving him nothing. In the shoe, on the other hand, *he* gets part of the woman, instead of losing his penis, as in sexual intercourse.

His actual homosexual ideas, that is, of a man as sexual object, were firmly repressed and covered up by the intense emphasis on the castrating mother and his rage and aggressive phantasies towards her. The father appeared in the rôle of prohibitor both of sex and of aggression against the mother. He was the anal expert, and frequently interfered with the patient's bowels by purgatives, enemas and suppositories. C had in his character a paranoid layer of mistrust of everyone and felt they were plotting against him. I think it was the stout defences against this paranoid-homosexual layer that led to the premature end of the analysis after two years—he left me to go and work with another father figure.

C had a great fear of any close association with a woman, because he would identify with her and so become a woman. But also he resented the demand made of a man that he should be *active* in sexual intercourse. Moreover, a married man has to *feed* the woman. The fetish makes no such demands.

There were some very interesting phantasies in connection with his rage against the castrating mother. In one of these he penetrates her body with his penis; she then turns into a hairy gorilla-like creature with great teeth with which she bites off his female nipples—that is, a talion revenge for his oral attack on his mother's breast. In another phantasy he was made female through his body being penetrated *by breasts*. In a dream, he was doing an operation inside a woman's body, castrating her internal penis. In another access of rage against his mother, after penetrating her body, he tears her up from inside with his penis. His mother inculcated a fear of falling on something and being split open, especially in his testicles. He had a phantasy of his mother's shoe kicking him and splitting up his anus and rectum. He had many phantasies of tearing me to pieces. He blamed me because he is in pieces and I don't put him together again. This material was closely connected with the parturient mother, and with memories of seeing her urinating.

The configuration of the material at this point led me to a speculation about the phantasy associated with the split ego and split object. Is not the female genital the split object *par excellence*, and cannot the phantasy of a split ego arise from an identification with this split genital? I am aware that when we speak of splitting of the ego and of the object we are referring to mental mechanisms which we assume to underlie the phenomena, and that phantasies pertain to a different level of discourse—nevertheless, phantasies, our own no less than our patients', must always play a part in the way we conceptualize these underlying processes. It seems to me, therefore, that the phantasy of being oneself split in pieces just as the vulva is split may well be very relevant to the mental mechanism of splitting of the object and introjection of the split object, leading to splitting of the ego. It is implicit, of course, in such a phantasy of the vulva as a split object that it was once intact, and that the splitting is the result of a sadistic attack, whether by the father or by oneself. I shall return later to this subject when discussing castration anxiety in relation to the perversions.

Case D. In this man of 26, the presenting symptoms were manifest homosexuality in the form of adoration at a distance, together with marked ideas of reference in relation to this, reaching delusional intensity. In addition he had developed elaborate and bizarre masturbation techniques, often with a masochistic quality, such as pushing pencils up his urethra and umbrellas up his anus. In this case there was an obvious split in the ego similar in principle to that of A; but here there was even more fear of the part identified with the id and its aggressiveness. This fear was largely projected on to me. On the one hand he blamed me for encouraging expression of the dangerous explosive part; on the other, he thought I was a timid prim and conventional person, so that *he* had to keep control of the situation on either count. In this way there was repeated in the transference the central problem of his relationship to his mother. She, he was always convinced, whilst cold towards his father, was erotically attached to him—for instance, she would appear naked in his room as if by accident—and the whole onus of avoiding incest was borne by him alone. The mother was dangerous not only erotically but also aggressively, as a death-dealer. He thought she took pleasure in having animal pets killed; and she told her children that as she had given the children life she could also take it away. The boy took flight to his father, following a pattern laid down in his second year when his mother was pregnant. The resulting homosexuality led to further anxiety of a paranoid character. The persecutors were not, however, the homosexual objects, but other men, or his mother, or other women. So here there is a split in the object of a homosexual—the erotic feelings being directed to an absurdly idealized homosexual object, worshipped at a distance, the aggressive feelings dealt with by projection leading to feelings of persecution by both men and women. The split in his ego became manifest in the transference. He felt that I sympathized only with the superficial intellectual side of him that talked to me, not with the feeling side, which I feared. He identified himself with simple emotional natives, whilst I was a typical Englishman—that is, he exteriorized the split in himself by projecting half on to me. Conversely, he had projected all his erotic œdipal feeling on to his mother.

Oral-incorporative material was prominent, and was related to his persecutory preoccupations. He was very fond of eating, but he must not be watched, as this led to persecutory ideas. While travelling in a bus he had the phantasy that unless he kept his mouth open he would incorporate the bus conductor, who would have become very small, but would swell up inside and burst him. He dreamt of going into the Underground, which then disintegrated—he blamed me for encouraging him, in the analysis, to take the risk thus symbolized. He not only feared to incorporate me or my penis, but also feared I would incorporate him and then persecute him. For instance, I was supposed to have a dictaphone, so that after he had murdered me he would be convicted on the evidence so recorded. He also thought he heard me make movements sometimes which he believed were caused by my preparing a strait-jacket for him. There were frequent erotic phantasies about me, which also caused him much trouble, their repudiation being chiefly projected on to me.

It will be seen that this patient was very near to psychosis and actually over the border line from time to time, in my opinion. His paranoid anxiety in relation to me led him to break off treatment after a year; but he had enough insight for me to succeed in persuading him to continue with another analyst, with whom, however, the same story was repeated in some eighteen months.

Lack of space forbids me to quote more clinical material, apart from mentioning one patient seen twice in consultation at the Maudsley Hospital. This man had obsessive phantasies of hurting women, ultimately by biting into them, and an irresistible urge to photograph his wife partially or completely unclothed. Points of interest here were, first, a memory of being suckled and bathed by his mother—he was not weaned till the age of two—secondly a strong feeling of marvelling and envy at the structure and functions of a woman's body, and a desire to participate in his wife's experience of childbirth. He had a vivid childhood phantasy of being a surgeon to whom mothers brought their children, mostly little girls, in whom something had worn out, which he was to replace from his store of spare parts. We see here an omnipotent phantasy of being able to satisfy the woman's need for a penis; and on the other hand a strong wish to identify with the woman. I have no doubt that photography here signifies introjection.

Conclusions

To sum up, let me try to formulate some theoretical conclusions. First, I must repeat that the castration complex plays a leading part in every case, and that is to be taken for granted in connection with what follows. In the case of fetishism, for example, I believe that the fetish has relations to what Winnicott has described in a recent paper as transitional objects—those inanimate objects to which so many young children become inseparably attached in an affectionate way during the first year or so of life. But I think it is confusing the issue if we proceed to speak of these objects as fetishes. Fetishism, in my view, cannot arise until the phallic stage of the Oedipus complex has been reached; it occurs as a result of a partial regression, motivated primarily by castration anxiety. This partial regression reaches back to the oral-sadistic stage, and to the stage of ego development and object-relationship characterized by splitting of the ego and the object—the stage of normal development to which, I believe, Winnicott's transitional objects belong.

My analytic experience of the perversions has been weighted on the side of fetishism; but experience of other perversions leads me to believe that much of what is true of fetishism has a more general validity. Thus, there is always a strong castration complex leading to at least a partial abandonment of genital sexuality by way of a regression to pregenital levels. The relation to the castration complex accounts for the affinity to the neuroses, noted so early by Freud. The partial regression to oral and early anal levels corresponds to the clinical fact that perverts are not infrequently near to, or actually develop, psychosis. In so far as they do not actually do so, I wish to suggest that the reason is to be sought in their exploitation of the splitting mechanism, which permits them to remain in part at the phallic level, with a superficially normal relation to reality, whereas another part of the personality is virtually psychotic. It is the fact that the first part remains to act as liaison officer with reality that prevents clinical psychosis.

Here I must explain what I have in mind by the term ‘ splitting mechanism ’. No doubt there are numerous ways in which the ego and the object may be split, and the clinical result must depend on the nature of the split. Where both or all of the split-off parts of the ego are at a primitive level of object relationship, the split will lead to psychosis of a schizophrenic kind; thus, splitting *need* not preserve from psychosis. The particular kind of splitting I have in mind, however, is that to which Freud drew our attention in his *Outline of Psycho-Analysis* and in his paper ‘ Splitting of the Ego in the Defensive Process ’. Here, you will remember, Freud described how, in cases of fetishism, one part of the split ego retains a good relation to reality, whilst the other part, using the denial mechanism, clings to what is virtually a psychotic delusion. I suggest that it is this type of unequal split which is characteristic of perversion.

I should like to add that the anxiety connected with the female genital, which we call in brief castration anxiety, is not just castration anxiety if by this we refer merely to the shock of finding no penis and the classical conclusion following on this discovery. Much is contributed to the anxiety by the *latent* pregenital, sadistic factors which become *activated* only following the regression. It is in this connection that I think the term ‘ split object ’ has relevance to some of the sadistic phantasies that crystallize around the split female genital. Projected oral and anal sadism leads to the paranoid features which are so characteristic not only of homosexuals but of perverts in general. Sadism so endangers the object that it has to be protected in elaborate ways—by abandoning direct sexual demands on it, by substituting a homosexual object, by limiting oneself to looking or being looked at; most exquisitely of all in fetishism, by substituting an inanimate object with which one can do anything without hurting the ultimate personal object; an object, moreover, which is always there, never frustrates and never retaliates; an object, too, for which one does not have to fight with the father. The pregenital sadistic aim has been especially stressed by Sylvia Payne.

In conclusion, I wish to suggest that what characterizes perversion and makes it different from neurosis or psychosis is a special technique of exploiting the mechanism of splitting of the ego, by which the pervert avoids psychosis, since a part of his ego continues to accept reality and to behave fairly normally in the non-sexual sphere. The split allows his mind to function on two levels at once—the pregenital, oral-sadistic level corresponding to psychosis, and the phallic level, where his conscious mental content bears so much resemblance to the repressed content of the neurotic. This may explain why it has proved so difficult (as Glover pointed out) to place the perversions satisfactorily in a developmental series of psychopathological states.

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RESEARCH METHODS IN PSYCHO-ANALYSIS[1]

By EDWARD GLOVER, London

The aim of this paper is to discuss methods of psycho-analytical research, ultimately to promote the development of an international psycho-analytical research organization. The views expressed are based, first, on personal clinical experience, second, on experience gained as Director of Research of the London Institute of Psycho-Analysis over a period of sixteen years, and third, on reflections stimulated by recent experience of the activities of the Research Committee of the International Psycho-Analytical Association.

As a preliminary to discussion of method, it is necessary to review the somewhat unusual conditions that prevail in the field of psycho-analytical research. Two factors in particular call for prior attention. The first has from time to time been referred to in psycho-analytical literature; namely, the fact that, owing partly to the conditions under which clinical analysis is conducted, and partly to the use of interpretative techniques of investigation, it is not possible either to employ fully or fully to depend on the forms of scientific control customary in most other sciences. This difficulty is unavoidable but not insuperable: it can be met by sustained application of such scientific checks as *are* appropriate to the special conditions of psycho-analysis.

The second and much more important factor, though clearly avoidable, has significantly enough received little attention. It cannot be denied that there is an increasing tendency *not* to apply to the data of observation or to the methods of interpretation such scientific controls as *are* available. The consequence is that a great deal of what passes as attested theory is little more than speculation, varying widely in plausibility.

Let me give the commonest instance of this state of affairs. An analyst, let us say, of established prestige and seniority, produces a paper advancing some new point of view or alleged discovery in the theoretical or clinical field. Given sufficient enthusiasm and persuasiveness, or even just plain dogmatism on the part of the author, the chances are that without any check, this view or alleged discovery will gain currency, will be quoted and requoted until it attains the status of an accepted conclusion. Some few observers who have been stimulated by the new idea may test it in their clinical practice. If they can corroborate it they will no doubt report the fact: but if they do not, or if they feel disposed to reject it, this scientific ' negative ' is much less likely to be expressed, at any rate in public; and so, failing effective examination, the view is ultimately canonized with the sanctioning phrase, ' as so-and-so has shown '. In other words an *ipse dixit* acquires the validity of an attested conclusion on hearsay evidence only.

If now we assume that the author is also a training analyst—and it must be admitted that most analysts of moderate prestige and seniority are likely to be training analysts—the process of acquiring untested value is accelerated. Whatever may be the ideal of training analysis, it is indisputable that the margin of scientific error introduced by factors of transference and counter-transference is extremely wide. It is scarcely to be expected that a student who has spent some years under the artificial and sometimes hothouse conditions of a training analysis and whose professional career depends on overcoming ' resistance ' to the satisfaction of his training analyst, can be in a favourable position to defend his scientific integrity against his analyst's theories and practice. And the longer he remains in training analysis, the less likely he is to do so. For according to his analyst the candidate's objections to interpretations rate as ' resistances '. In short there is a tendency inherent in the training situation to perpetuate error. Such a state of affairs clearly calls for the application of special safeguards.

To these two considerations may be added a third, namely, that however ideal their training analysis may have been, individual analysts tend to express opinions which reflect in however distant a form their *own* instinctual preferences, their own forms of thinking, their characteristic emotional reactions, their *conflicts and their favourite pathological devices or mechanisms.*

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[1] Read at the 17th International Psycho-Analytical Congress, Amsterdam, August, 1951.

The summated effect of these three factors is easy to observe in the scientific proceedings of such branches of the Psycho-Analytical Association as I have been able to observe at first hand. Three observations are sufficient to bear this out; first, that discussion has an almost entirely stereotyped form, each contributor reacting to each subject of discussion with opinions that can easily be surmised beforehand; second, that in a majority of instances, the opinions expressed bear an unmistakable resemblance to those of the contributor's training analyst; and third, that both individual and team research on any given subject is not only peculiarly difficult to organize but when organized ends as a rule merely in the discovery of individual differences which were already apparent before the research began and which persist after it is finished.

Less easy to demonstrate conclusively but in its way more significant than the sources of error already indicated is the fact that with the development of analytical 'schools' and a consequent increase in the number of points of divergence, no fool-proof system exists to prevent the attrition of established theory. Psycho-analytical groups are peculiarly susceptible to fashion, canalized no doubt through a hierarchy of transferences and counter-transferences. No one who has followed analytical discussions over a period of, say, twenty-five years, can have failed to observe how psycho-analytical theory and treatment are influenced by the slogans of the movement and how these slogans ('narcissistic inaccessibility', 'sadism', 'unconscious homosexuality', 'analysing the negative', 'projection and introjection', 'internal objects', 'good and bad organs', 'schizoid reactions', 'the transference and nothing but the transference') acquire a prestige which intimidates the average analyst into loosening his grip of more fundamental concepts. I need hardly instance the present precarious position of Oedipus-theory in modern psycho-analysis or the significant down-grading of the mechanism of repression from its position as a leading defence mechanism.

To all this it may be replied that it is scarcely fair to expect analysts selected originally on conditions of *suitability to practise* analysis, conditions incidentally which not only vary from branch to branch but in any case are somewhat arbitrary and haphazard, to produce more than a small proportion of *research workers.* So much is of course undeniable. Nevertheless the general conviction persists in psycho-analytical circles, a legacy from those early days when most students of psycho-analysis were natural investigators, that anyone who is qualified to practise therapeutic analysis is also qualified to conduct research. These times have changed. In fact candidates are seldom chosen because of their suitability for research work, and even those who have a flair for research are hampered by conducting a busy psycho-analytical practice. Actually the proportion of qualified research workers in psycho-analysis is much lower, not higher, than that to be found in the natural sciences, a figure which is in any case low. But none of these facts constitutes an extenuation of the lack of organized research: it is rather an indication that research disciplines should be instituted and organized on a stricter and more comprehensive basis than in other sciences and that a qualifying distinction should be drawn between the analytical practitioner and the research worker. At present it is left to the predilection of the individual analyst whether he interests himself in research activities, with the result that there is no discrimination between controlled research and individual opinion.

To the reasons for these special difficulties in developing psycho-analytical research, reference will be made in a later part of this paper. In the meantime we may start with four working assumptions; first, that psycho-analytical research is almost totally unorganized; second, that the conditions of clinical analysis and of analytic training militate against objectivity in research; third, that in consequence a large proportion of current theorizing and clinical finding is little more than unchecked speculation; and fourth, that so far no system exists whereby the scientific authority of research workers can be distinguished from the prestige of senior analytical practitioners and teachers.

Turning from the obstacles to research to actual methods of research, the first and most pressing problem is that of applying scientific controls. And here, two closely interlocking factors have to be considered. There is no reason in the world why the ordinary statistical controls should not be applied to psycho-analytical work. That after all depends mainly on having a sufficiency of trained research-workers and a sufficiency of clinical observations. The real difficulties are, first, that the data of observation are rarely or never defined, so that the observations of one worker cannot be compared with the observations of another: and, second, that definition is itself hampered by a serious lack of control of interpretation.

To take a simple instance: no one to my knowledge has yet defined the term ‘ castration-complex ’ in a form which would permit statistical correlation, i.e. there are no accurate qualitative distinctions. Moreover, psycho-analysis has not yet provided quantitative measures, for example, measures of the intensity of psychic stimulation determining the persistence or absence of any given mental state. The most approximate quantitative measure, that of symptom-formation, is constantly vitiated by our incapacity to measure the forces promoting mental stability. The severity of symptom-formation measures only the *margin* of instability. The most acute and dramatic symptom may require only a slight readjustment of the mental apparatus to bring about its resolution: whilst, on the other hand, a comparatively mild symptom may prove intractable to persistent analysis. Yet more difficult is the attempt to measure degrees of transference or counter-transference.

Even this lack of definition of particulars would not prevent the application of statistical controls, if only there were agreed definitions of basic concepts. It must be confessed that no such agreement exists. For example, all research regarding superego activity is, in my opinion, completely sterile so long as we persist in regarding the superego purely from a functional point of view or as an organized and unified institution, neglecting its clinical development from a number of contributing sources, both instinctual and egoistic.

And not only are the ordinary statistical measures of magnitude for the time being impossible to apply because of the lack of suitable psychic ‘ entities ’ and of a more precise definition of the relationship between them, but, as Carroll pointed out some years ago, the application of a mathematical ‘ operator ’ system, by which properties as distinct from magnitudes can be examined, tested, and new combinations or relationships predicted, is held up by the absence of *defined* sequences of mental processes, to successive members of which any appropriate mathematical symbols could be attached and a calculus developed. Here again the isolation of elements as distinct from the products (psychic end-results) of combinations of elements is no easy task, a circumstance however which does not justify neglect to explore the avenues of definition.[2]

The second point, namely, that in any given case interpretation is an essential part of the process of psycho-analytical investigation and that nevertheless there is as yet no effective control of conclusions based on interpretation, is the Achilles heel of psycho-analytical research. Clearly until we establish such controls, it is impossible to arrive at the dependable definitions on which accurate statistical research depends. The earlier hope that therapeutic criteria would provide an effective check is now recognized as illusory, first, because, despite all dogmatic and puristic assertions to the contrary, we cannot exclude or have not yet excluded the transference effect of ‘ suggestion through interpretation ’,[3] and, second, because we have in any case no reliable statistics of therapeutic results.

To this it may be added that even under the most favourable conditions, the process of psycho-analysis is only a fractional process and, still further, that the scientific statement of clinical situations is still more fractional, representing at most a personally selected ‘ sample ’. One of the remarkably rare disservices which Freud rendered his own science was when, with a tolerance born of his own scientific integrity and of his incomparable flair for reconstruction, Freud gave sanction to the individual manipulation of ‘ samples ’. Writing in 1912 on the propriety of taking notes during analytical sessions, he remarked that this procedure could be justified provided it was the analyst’s intention to make any given case the subject of a scientific publication. He was careful, however, to warn the investigator against cultivating ‘ Scheinexaktheit ’ by producing voluminous notes of case-histories, which, as he said, were often boring to read and no substitute for actual experience of the analytic situation. ‘ Altogether, experience shows that a reader who is willing to believe an analyst at all will give him credit for the touch of revision to which he has subjected his material ’.[4] No doubt when someone of Freud’s calibre appears in our midst he will be freely accorded and will in any case freely exercise this privilege. Until that time comes the uncontrolled licence should be revoked. Granted that intuition is the most precious of all instruments of research, we must nevertheless take steps to prevent its debasement to the level of the casual ‘ hunch ’ and still further to the authoritarian level of the *ipse dixit.*

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[2] I am indebted here to Denis Carroll who, working in conjunction with John Carroll, the mathematical physicist, has re-examined his original formulations on the mathematical representation of mental processes. For reasons of space I am unable to give here more than a bare hint of his approach; the details will, I understand, form the subject of a forthcoming paper by these authors.

[3] See Glover, ‘ The Therapeutic Effect of Inexact Interpretation ’, *Int. J. Psycho-Anal.* (1931), **12**.

The conclusion to be drawn from this brief preliminary survey is that before we can even begin to conduct systematic research on psycho-analysis, *a preparatory phase is essential during which a process of standardization and definition of terms and concepts can be effected.* Without this no research worthy of the name can be conducted. The provision of reliable units of comparison is no doubt an immense task which, with sufficient staff, might be effected in not less than ten years of careful correlation. Perhaps it would be safer to allow twenty years. But it is an essential task. Nevertheless definition and classification alone will not fully prepare the ground. An essential ancillary to research is the organization of a clinical system of psycho-analysis. We are still hampered by the fact that our clinical systems and classifications have been largely borrowed from formal psychiatry. New psycho-analytical appraisements tend to slip through the gaps of formal psychiatry: and we cannot pursue comparative study of psycho-pathological states until our psychiatry is ordered, in particular until the existing groups of unclassified conditions are reduced to some system. The most obvious case is that of the psycho-somatic states, understanding of which is unnecessarily hampered by the absence of adequate differential diagnosis from the psycho-neuroses, by preconceptions regarding stages of mental function and symptom-formation, and by prejudices regarding the applicability of psycho-analytic therapy. For the matter of that the position of the anxiety neuroses, neurasthenias, hypochondrias and other states still cries aloud for more accurate definition. In any case the scope of psycho-analytical psychiatry is immensely wider than that of school psychiatry. The various character disorders, including disorders of sexual and social adaptation (e.g. delinquency), have yet to be accurately rated and correlated with psycho-pathological classifications of the standard of mental disorders.

This is not just a clinical counsel of perfection. Accurate investigation involves not simply the definition of clinical entities but the provision of defined units of statistical comparison. It is not only in the literature of classical psychiatry that one is impressed by the absence of well-defined diagnostic standards. Psycho-analytical literature is almost as deficient in this respect. Even in the comparatively simple matter of rating neurotic disorders there is no satisfactory consensus of opinion. No two observers follow the same diagnostic or differential systems. Consequently such psycho-analytical records as exist are useless for any exact therapeutic assessment; and, what is even more important, do not afford any statistical information that can be exploited by research workers.[5]

Even the apparently simple task of collecting data, both clinical and methodological, is not without its peculiar difficulties. Nothing in my experience is harder than to get psycho-analysts to disclose their clinical views on any subject outside their immediate personal interest, or for that matter to say how they actually apply and control their technique. On several occasions I have adopted the questionnaire method for these purposes with results that were as a rule scanty and, unless subjected to secondary interpretation, uninformative. On the most recent occasion I was able to test the approximate percentage value of this method. A questionnaire was circulated to members of the International Psycho-Analytical Association asking them to record such of their contributions during the past twelve years as appeared to break *new* ground in psycho-analysis. The object of this was threefold: first, to collect data, if any; second, to advertise fully the necessity for research; and, third, to test and measure the general impetus to research. For this last purpose emphasis was deliberately laid on the necessity of recording 'new' observations. My anticipation was that although in principle the actual response under favourable circumstances could be as much as 75 per cent, the *effective* response was not likely to exceed 5 per cent.

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[4] *Collected Papers,* **2.** ‘ Recommendations for Physicians on the Psycho-analytic Method of Treatment ’.

[5] I can think of no more discouraging or aggravating experience than the examination of clinic records that are useless for any but the most elementary research purposes. In the paper quoted above Freud suggested that spurious accuracy was a characteristic of many ‘ modern ’ psychiatric records. It must be admitted, however, that for one reason or another psycho-analytical records run these more scholastic productions a close second.

In point of fact both anticipations proved correct. Excluding special sources of error, it was demonstrated that, particularly in smaller groups, a satisfactory and representative return could be obtained, yet when it came to assessing the research value of the material, the proportion of effective contributions could not be rated as much higher than 5 per cent. This is possibly an excessive measure of the spontaneous drive to research, but in any case is as much as can be expected of any professional group. Of particular interest however was the doubt or searching of heart that in many cases resulted from the insertion of the qualifying term 'new'. Some contributors indeed maintained that it was not possible for any worker to say whether his own contributions were new or not, one more instance of the fact that preliminary work on definition and classification is a prerequisite of effective research. Unsatisfactory as the questionnaire method is in many respects, it is one that should be applied from time to time if only for its stimulus value. At the very least it brings us nearer to the facts than does the accumulation of an increasingly extensive but unorganized literature.

None of this preparatory work would, however be effective, unless some attempt were made to control the validity of interpretation. As has been noted this precaution has been unduly neglected, partly no doubt because of the lack of working standards or criteria of interpretation. It seems to be thought that the only safeguard in this direction is the satisfactory training analysis of the worker. But training analysis, as has also been noted, is no guarantee of research capacity and in many instances indeed blunts this capacity. The facts are that the actual criteria of interpretation have never been satisfactorily worked out and that the method of case-presentation generally adopted, namely that of secondary elaboration, leaves the very widest gap for error. It is no uncommon experience to hear papers read in which the justification of interpretation is confined to the general statement that 'the material of the patient showed this' or 'that'. Failing corroborative evidence all we are entitled to conclude from such a statement is that the analyst convinced himself that his interpretation was suitable or plausible, not that it was necessarily correct.

Here again a tendency to neglect ordinary scientific precautions must be recorded. Whatever may be the difficulties in checking interpretation, it is surely not too much to ask that in the case of new theories the author should produce convincing evidence that he has applied all the available criteria of interpretation. And here the need for preliminary work in checking each criterion is again essential; that is to say in establishing the criteria of criteria. To take an obvious case, viz., the criteria of symbolic interpretation, no really satisfactory work on this subject has been carried out. Many years ago in a brief pilot research on dream symbolism I was able using the questionnaire to establish two points, first, that reasonable tests of validity could be applied and, second, that only a minority of workers took the trouble to apply them. Incidentally the application of tests of criteria provides a point at which the statistical methods of normal psychology might be fruitfully and rapidly applied. In the meantime it would promote progress if individual workers were to *apply* their own tests and, what is much more important, to *disclose them when applied.* There is no evidence that this is done except by a small minority. There is in fact no systematic approach to the application of valid criteria.

This brings me to what is perhaps one of the most striking deficiencies in psycho-analytical research, namely, the absence of any effective organization. Owing possibly to his hermit-like mode of professional life, possibly to his distrust of anyone's methods but his own, the psycho-analyst is not a very good team worker. Many years ago, seeking to promote an organized approach to the problems of the psychoses, I succeeded in compiling with the help of some interested colleagues a systematized list of the points requiring immediate attention. This was duly circulated within the British Society with so far as I could observe no obvious result whatever, a fact which soon convinced me that research cannot be left to the good will or predilections of a mixed group. It can scarcely be denied that a small selected committee of research-minded workers could sit round a table with pencils and paper and at the end of three-quarters of an hour produce a respectable list of key-problems in any given field of psycho-analysis. They might even be able to make a number of fruitful suggestions regarding their solution. But unless there were a sufficiency of trained and dependable workers sufficiently cooperative to dovetail their researches, such preparation would be largely an exercise in forlorn endeavour. To distribute researches in a mixed analytic group would be still more frustrating. For the strength of a research group is the strength of its weakest link.

But even with the best laid plans and the best possible research teams, the cooperation of all members of psycho-analytical groups is essential to success. I have in mind not so much the fact that many members working outside a concerted plan can nevertheless produce individual observations and conclusions of value; or that they can test the conclusions of others in their own clinical work. Their cooperation is essential in yet another direction. In my opinion the main obstacle to the progress of psycho-analysis is the absence, first, of reliable statistics of results and, second, of any follow-up investigations. By this I do not mean to suggest that the therapeutic criterion is a dependable measure of the validity of any psycho-analytic theory. I mean that the absence of statistics of therapeutic results, in particular the absence of information regarding failure, introduces grave possibilities of error. Unless we know with some precision the exact therapeutic limitations of psycho-analysis in different groups of mental disorder, we run the risk of providing new theories to explain away failure. This raises again a number of old problems: of duration and termination, of technical procedure, of the theory and criteria of cure: it raises in particular the problem of dosage of regulated or unregulated analysis. If we assume that an analysis ought to succeed merely because the case has seemed to be suitable and if in fact the case proves refractory, the natural tendency exists to broaden the point of application of analysis, to say, for example, that the case needed broader or deeper or more active analysis, finally to postulate some hitherto unrecognized unconscious factors. This, however, may throw our proven etiological systems out of gear and encourage the advancement of theories which have little bearing on the clinical facts, but are necessitated to cover bad selection of cases.[6]

These dangers can and should be avoided by complete frankness on the matter of results. But we can scarcely expect frankness so long as we foster the tradition that a recommended analysis followed *secundum artem* ought automatically to succeed—a tradition incidentally which intimidates the experienced analyst as much as it burdens the conscience of the training candidate. It is, moreover, a tradition which encourages the interminable analysis, and with the interminable analysis both clinical and theoretical perspective go by the board. No doubt the analyst's marked reserve regarding his therapeutic results has also been fostered by an earlier need to maintain prestige in the face of the hostile criticisms of non-analytical schools. That was never a desirable reaction and is in any case no longer necessary. Like the desire to turn at all costs a united psycho-analytical front to non-analytical psychology, it cripples objectivity at source.

In any case the historical fact should be remembered that psycho-analysis, starting as a method of investigation, developed into a therapy. There is still considerable confusion between the aims of research and those of therapy. To the present day an incongruous alliance is often effected between these two distinct aims; as witness the tendency of many workers to re-discover the facts of psycho-analysis in the course of their therapeutic work, and of others to model their therapy in accordance with their theoretical preconceptions, whether these are germane to the case or not. As we have seen, even the simple issue whether or not to take notes during a session brings out the confusion of aims between research and treatment. This is a confusion which should be finally resolved.

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[6] Despite the frequent and guarded comments made by Freud on the therapeutic limitations of psycho-analysis, the tradition still runs unchecked in psycho-analytical circles that psycho-analysis can or should produce a high proportion of therapeutic successes in all but manifestly 'inaccessible' cases. And although it would be inconsistent to criticize the absence of reliable statistics of results (and of follow-up records) and in the same breath draw conclusions from scattered and uncontrolled observations, the latter may provide a useful corrective to the exaggerated expectations and sometimes even exaggerated claims of over-enthusiastic practitioners. Having had unusual opportunities of observing the results obtained by workers both in clinic and in private practice, I have formed the impression that, except in the classical psycho-neuroses and in conditions of a clinical rating equivalent to that of the neuroses, the therapeutic results of classical psycho-analysis are not particularly impressive. In particular there are too many cases in which the improvement leaves unresolved too many of the symptoms of which the patient originally complained.

Admittedly the percentage results obtained must vary in accordance with the system of selection followed by each practitioner. Those who by force of circumstances or by choice undertake the analysis of intractable cases must be content with meagre results; on the other hand, those who wish to enjoy the satisfactions of frequent therapeutic success must resign themselves to a rigid selection of 'favourable' cases. All this merely points the necessity of publishing detailed statistics of psycho-analytical results, checked by a follow-up of at least five years duration. Only by so doing can any conclusions of theoretical value be drawn from therapeutic data.

The influence of prestige or of hyper-sensitiveness on the traditions of psycho-analytical teaching is a subject that requires the closest consideration, but does not come within the scope of this paper. I have the impression, however, that psycho-analytic teaching preserves many of the disadvantages of mid-Victorian pedagogy and few of its advantages. Authoritarian spoon-feeding is never a good pedagogic system, and its deficiencies cannot be remedied, as is so often thought, by the candidate's training analysis. They are much more likely to be rendered permanent thereby. I cannot refrain, however, from mentioning a point that is often advanced when discussing methods of examining and clarifying tendencies and divergencies in psycho-analytic thinking, viz., that young analysts are not interested in differences but prefer constructive summaries or identities. This is tantamount to maintaining that the young are not interested in the proliferating margins of research. I must confess that although the age of a research worker does not seem to me to be of great moment, yet I find it hard to believe that this attitude of parental solicitude on the part of analytical teachers is an appropriate reaction to the enthusiasms of youth. It may serve well enough the needs of those who like to follow a quiet profession of psychotherapy, but it is entirely alien to the needs of research workers. Identities, it is true, can be built up on points of similarity; but they can only be organized through the sharp distinction of differences.

I am well aware that in this brief review I have not advanced any original arguments. Most of the views I have presented, with the exception possibly of the references to training and to the absence of reliable statistics of results or of follow-up records, have been discussed from time to time throughout the development of psycho-analysis. Nor have I attempted to indicate with what immediate practical measures the peculiar difficulties attendant on psycho-analytical research can be met. That surely is a matter to be dealt with by special Research Committees that should be set up in every Branch of the International Association and organized by research personnel having some security of tenure. I have not even indicated the necessity of establishing Research and Bibliographical Centres serving suitable regional areas. My main concern has been to bring together some of the points that must be considered in detail by these Branch and Regional Research Committees if and when they are brought into being.

The problem of organizing systematic research becomes more and more urgent every year. Branches increase rapidly in size; the number of new candidates increases equally rapidly; journals multiply; and an already extensive literature threatens to swell unchecked to gargantuan dimensions. But so far, there exists at no point of the psycho-analytical organization an adequate system of scientific controls. Nowhere is it fully recognized that research students are not born from therapeutic training but have to be made, that is to say, selected for the purpose and suitably trained in scientific disciplines; a comment, incidentally, which also applies to the provision of psycho-analytical teachers. And I do not believe it is fully recognized how far the whole future theory and practice of psycho-analysis depends on making, as soon and as thoroughly as possible, a complete survey of the subject—as it were, a Domesday Book of the science. While there is no reason to suspend or hamper any of those existing systems of investigation which conform to scientific standards, and every reason to proceed forthwith to their more thorough organization, it would save a good deal of fruitless effort and much disappointment if we recognize that one of our first tasks, without which research is threatened with stagnation and sterility, is to settle down to the long and arduous task of defining terms, verifying criteria and developing reliable statistics.

PREGENITAL PATTERNING

By PHYLLIS GREENACRE, M.D., NEW YORK

This paper is based on a more condensed presentation of the same material at the meeting of the International Psycho-Analytic Congress in Amsterdam this summer. At that meeting it was striking that the interest in the pregenital development was widespread. Indeed the greater number of papers at the Congress dealt with some aspects of pregenital developmental problems, and one heard occasionally among the unofficial comments some concern that the interest was veering away from the Oedipus complex. My own investigation offends in this respect in so far as it focuses chiefly on questions of pregenital patterning rather than on specific variations of the oedipal period and the fate of the Oedipus complex itself. That the oedipal period is the most momentous era of psychic and emotional organization and the Oedipus complex the most significant network of conflicts throughout the entire life has been amply verified throughout the years. The crossing of this boundary between infancy and childhood is more perilous even, though less dramatic in physical and direct behavioural changes, than the somewhat comparable epochal passing from childhood to young adulthood at puberty. It also has much greater and more lasting resonances throughout the entire life. The interest in the pregenital appears to arise from the generally increasing awareness that the experiences which have already been accumulated may be as important in the fate of the Oedipus complex as the special outer circumstances which are present in the oedipal period itself. It is often the special struggles of the oedipal period, re-enacted in puberty or in the early years of expected social maturity of the twenties, that precipitate the overt psychotic or neurotic break, and the relatively sudden eruption of disturbances which previously may have been more or less concealed though the symptoms themselves will ultimately unfold the hidden preoedipal history.

The description of the infant's organization on the basis of the sensorimotor growth and emotional relationships of the first five years of life in terms of a fairly regular succession of dominant drives was the work of the early years of analysis, and gave rise to the formulation of the libido theory which has been the backbone of analytic understanding, importantly supplemented in later years by study of other aspects of individuation, viz., the development of the ego. It was on the background of the understanding of the libidinal growth of the organism that the concepts of fixation, repression, and regression resulting from traumas, so important in the early work on neuroses, were developed and significant patterns of organization in different neuroses were differentiated. While there has been some displeasure with the libido theory in recent years, since not all symptomatic pictures would fit well into its constructions, still it seems to most of us that the descriptions of the libidinal phases, achieved first wholly through clinical phenomenological studies, has been well supported by later studies of biological maturation of the infant, a basic point of view now used by many pediatricians and psychologists observing children.

Indeed it is of great interest in working on clinical psycho-analytic research problems to check the developmental findings with the observations of students of child behaviour not psycho-analytically trained or interested, and see how well the findings dovetail.

This paper is concerned with further observation regarding these fundamental concepts and is especially based on the scrutiny of certain cases, in terms of their life history, in which the pregenital development has been peculiarly disordered. It has arisen from analytic work, including the study of a large number of unusually severe neuroses, among them some referred to as borderline cases. In such cases, as in many psychoses, the bold outlines of the unresolved and re-aroused oedipal conflict are often presented directly and in undisguised form in the acute symptoms and the stark first dreams of the period of illness. Deeper and longer observation, however, shows how much the Oedipus complex is burdened by or enmeshed in pre-oedipal problems;—how in some cases it has appeared to develop over-strongly, *sometimes prematurely, and to carry with it the added intensity of earlier struggles which it reflects and temporarily masks.*

That the pregenital history of the relatively unimpaired individual is deposited in the configuration and nature of his forepleasure was of course early described by Freud. The fact that in many instances certain severe pregenital fixations impaired or inhibited genital functioning and that early developmental disturbances were seen as forming certain ætiological nuclei for the psychoses led to a rather pessimistic connotation becoming attached to the term pregenital, somewhat similar to the early ill repute of the term narcissism. It is rather striking, however, that in severe neurotics and even more in psychotics, genital *performance* is unimpaired in a rather large proportion of cases. This has been considered by some as a refutation of the libido theory. This genital performance ability, however, often turns out to be peculiarly fragile and subject to sudden disappearance either by disinterest or actual inability at certain disturbed periods. But often, too, the genital needs appear increased, sharper and more demanding both in the patient's life and in his illness. Genital performance, however, does not imply full genital pleasure.

Careful analytic study has seemed to me to reveal that in these cases *the genital and pregenital drives exist in varying patterns and proportions of fusion.* This results sometimes in an apparent intensification of genital pressure. Again, the genital performance may be used very largely in the service of pregenital aims yet retaining genital form and even a modicum of genital pleasure. The textures of genital pleasure in these cases vary greatly from that occurring in individuals with a more simple and orderly phase development.

Compared with earlier studies, this paper puts more emphasis on the fundamental maturational processes in the infant, while special events of the individual life are examined rather in relation to their effects on its biogenetic unfolding. This is a point of view in harmony with Freud's stressing of the biological foundation of psycho-analysis. It may have been less conspicuous, however, in the writings of earlier investigators, when supporting or corrective data in allied fields were less readily available and when the psychological components of development, the unique carriers of individual developmental processes, were under close scrutiny, as was essential in understanding the psyche in order to make a system of psycho-analytic therapy. At present, when many observations concerning parent-child relationships are more or less taken for granted by the general public, and the interest in child psychology and the physical development of children has found wide support, even in the daily press, we have at our disposal a mass of data concerning behaviour and growth, often valuable for correlating with, extending, and elaborating our observations from direct therapy in childhood or from reconstruction in adults.

It has long been recognized that in evaluating the effect of trauma on the young developing organism, it is important to consider both the maturational phase at which the trauma occurs and whether its specific nature tends to reinforce the libidinization of this dominant phase (i.e. fits in with and accentuates it), to inhibit and interfere with it, or to reinstate an already developed phase, either by direct stimulation (fusing the dominant maturational with the past but now re-aroused phase), or by encouraging regression for adequate satisfaction. This much has long been accepted.

It appears, from certain clinical material, that it may further be helpful to determine whether the specific stimulus calls for a response in accordance with a phase which is *close to maturity* or as yet quite immature. Further, in addition to the specific nature of the trauma in terms of its relation to the expected timetable of libidinal development, the severity and the duration of the traumatic conditions (in a sense, the quantitative factor) is important in shaping the results. Certain fundamental relationships, resulting in characteristic pregenital patterning, have become so impressive to me that they are offered here even without detailed case studies, which would be cumbersome. (Some such clinical reports have appeared, however, in earlier papers, where one or another set of patterns has been conspicuous.) While it may be possible later to study precisely the varying combinations of influences during the pre-oedipal years and their exact effect on the genital development, for the present we must limit ourselves to a few aspects of these problems with the hope that the present statement may furnish some basis for further investigation. Four principles of relationship, culled from multiple observations and here considered, are as follows: (1) The earlier in life severe traumas occur, the greater are the somatic components in their imprints, owing to the peculiar emotional-somatic plasticity and responsive participation of the infant before the development of the ego, with the special economizing and discharge functions associated with speech and with the development of conceptual memory. (2) Very severe or very prolonged (chronic) traumas may produce so massive a stimulation as to suffuse the organism. This is particularly true when some ordinary channels of discharge are diminished or prohibited owing to conditions of externally or internally applied restraint, e.g. where severe pain is associated with limitation of motion, or where there is blocking of some regular channel of sensory communication, as vision, etc. (3) The activation of libidinal zones prematurely may produce a precocious but a peculiarly vulnerable development. This occurs either from a specific stimulus calling for a specific, as yet incompletely matured response, or from massive stimulation such that the organism is required to respond with all the channels of discharge at its disposal, including those which are not yet ready. (4) Excessive stimulation, whether massive or specific in origin, results in primitive erotization and ultimately in some degree of genital stimulation long before genitalization in its truer sense is developed, i.e. before the phallic phase. It is possible that further observations along these lines may contribute to our understanding of primary masochism. It is at least suggestive that premature stimulation with primitive erotization culminating in genital arousal under strain might increase the pain component in the pleasure-pain amalgam which is the nucleus of all satisfactions. While much of what is outlined in this paper has been incidentally described previously or at least implied in clinical studies and case reports and may not therefore seem new, I do not know that it has been systematically developed or especially emphasized. It will require much more than the material of the present paper to delineate its wider and specific applications and to test them fully.

Concerning the question of premature stimulation and its relation to later genital development, it is apparent that much will depend on the degree of prematurity of the special stimulus demand. If the gap is not great between the specific response demanded and the corresponding spontaneous maturational phase, a sounder but less striking precocity may ensue. If, however, the gap is considerable, either libido will be drawn from other functions into the specially demanded one which is then established at any price, or the infantile effort at compliance breaks down and a secondary diffusion and state of general stimulation results, even when the initial stimulus has been repeatedly specific. There is some indication that this state may be subjectively comparable to dissolution anxiety of later rage, sometimes with an accompanying sense of bursting from internal primitive instinctual pressures (suicidal panic jumping of the schizophrenic). A few illustrations of premature demands may help. One such direct and common situation is the occurrence of genital masturbation long before the phallic phase. That this may occur even to the point of orgasm is a not infrequent observation, and in my experience, is most common in infants who have been subjected to early stress with resultant increase in tension and susceptibility to an irritable body responsiveness. It has been described as early as the eighth month in an early report by a group of pediatricians. That it may occur as the result of specific genital seduction is also a common observation. Especially noteworthy are those cases in which an overanxious and sometimes unconsciously hostile and envious mother or nurse repeatedly stimulates the baby boy's genital by daily stripping the foreskin and swabbing for purposes of cleanliness. In such cases, there is undoubtedly a precocious development of genital responsiveness, but occurring, as it often does, during the first year of life when the differentiation of the infant from the mother is very incomplete, the genitalization, even with erotization, deforms and degrades the later oedipal relationship to the mother and does not merely intensify it. Such early stimulation of the penis may convert it practically into an umbilical stump.

Other common illustrations of precocious and severe stimulation are forced feeding, the giving of enemas early, or very early toilet training. The local erotization of these procedures is a matter of common analytic observation. The fact that some degree of actual precocity of neuromuscular response can be promoted is clearly evident in the instances of extremely early training to bowel or urinary cleanliness, which may be accomplished in the second six months of life. More striking even than this are the fortunately rare but verifiable reports of infants taught to perform extraordinary feats of gymnastic skill within the first two to three years of life. Not only is the specific neuromuscular apparatus forced to an entirely premature compliance, sometimes accomplished at the expense of accessory safety measures (over-alertness to feelings of fullness, watchful conditioning to the sight of the chamber-pot, utilization of accessory muscle controls, etc., in the case of early bowel training) but the differentiation of the infant from the environment is so grossly incomplete that the whole significance of the giving up of the excreta is greatly blurred. Indeed when we analyse such children later we find quite often that they react rather as though they had been chronic enuretics or soilers, because the actual performance has been an incompletely perceived one, and because they have had to be so continuously on guard that tension about possible wetting or soiling has developed and formed the substratum of anxiety as markedly as though they had actually been subject to toilet accidents. That a tendency to anxiety accompanies any markedly premature functioning, including the genital, may be true, and establishes a subsequent vulnerability of performance with frequently a later breakdown of the compensated activity. It is obvious, however, that where such specific stimulations have occurred, there will be a distortion of the orderly libidinal development and a linking of the precociously demanded one with the libidinal phase which is naturally dominant at the time. It is probable that changing fashions in child care give rise to distortions of this nature which are paradoxically more misleading to direct observation than to careful analytic reconstruction.

It is a clinically observable fact that massive stimulation or severe and long frustration results in genital stirring even in the very young infant, easily observable in the erection of the male. Later in life, too, any stimulation, if severe enough, may produce genital orgasm. What is less clearly observed is that in such instances there is sometimes a suffusion of the entire orgasm with stimulation, so that all possibilities of relief are tried. In the infant under such conditions, all libidinal zones may be stimulated at once. If this is often repeated, especially in an infant whose discharge capacities are already handicapped, the intensity of the suffused stimulation results in a *conglomeration of zonal sensitivity* and a state of disorganization, in which there is a relative loss of specificity of stimulus and discharge. This is reproduced later in life when one response is substituted too readily and inappropriately for another. It is also observed in peculiar states of confusion with polymorphous interests which are capitalized as defence reactions in some neurotic individuals who have in general a fairly good ego development, but have in infancy been subjected to episodic rather than chronic overstimulation. In some of these children there is a persistence throughout the latency period of a variety of auto-erotic discharges and defences, with enuresis, thumb-sucking, special mannerisms and masturbation occurring concurrently. In others there may be a thin layer or veneer of compensated behaviour which however readily breaks down under new stress, and reveals these polymorphous perverse drives very close to the surface. I have described one such case in considerable detail in a paper on Prepuberty Trauma, in which the young woman in situations of stress might have an unexpected bowel movement, an involuntary urination, an unexpected vomiting, a genital orgasm, or a severe menstrual flooding without warning and with less than usual relation to the specific precipitating situation. This was the more striking as this patient had a sufficient intellectual and general social development to be able to carry on highly specialized work, although obviously an emotionally handicapped person. It has been my impression that this conglomeration of drives and loss of specificity of stimulus and discharge is discernible in some schizophrenic patients, particularly in those in whom the schizophrenic processes are developed from an impaired state, with gross special handicaps of a constitutional nature, which then form a basis of intra-organismic strain from birth onwards.

Less severe states of this kind are seen in patients who, although other conditions of early life have been relatively favourable, have been subjected to general and repeated stimulations of the primal scene, or to acrobatic handling of being tossed, violently played with and tickled or teased severely early in infancy, or many times repeated anæsthetics or operative procedures. In this same general group are those patients showing peculiar emotional-somatic labilities and confluence of instinctual drives, apparently due to the birth of a sibling within the first year or fifteen months of life.

Such children seem to have been robbed of their infancy and subjected to the continuous torments of bodily discharged jealousy, before speech and locomotion have been securely established. They have been stimulated to precocities in the face of and partly by the constant, generally fruitless regressive pulls together with excessive external demands for progressive behaviour.

It is my opinion further that in all of these cases of increased narcissism due to traumatic stimulations of the first year or two of life, the groundwork for later bisexual identification which is anyway increased may be appreciably further intensified by the constant exposure to siblings of the opposite sex, if the children are bathed and undressed in company and otherwise constantly together. The baby of eight to ten months begins to recognize people individually and certainly responds to the face of the mother. It seems from reconstructions that the infant of this age or at least a little later period also responds to the sight of the genitals of another child and does notice the absence or presence of external genitals at this same period if there is constant exposure and stimulation of this kind. It is possible that vision in general and visual incorporation in particular are very important in the period of about six to eighteen months, and stand in varying relations to orality. The importance of vision increases not only by the maturing strength of the specific musculature belonging to the eye, but it assumes added significance in its rôle in connection with balancing in the process of walking, and increasing precision of motion generally. In the male it takes a part, secondary but special, in the development of urinary control, and in this has a further link to genitality. I cannot unreservedly agree with the earlier belief (1) that the prephallic infant ' takes for granted the likeness of its own sexual organization to that of others, and the genital is a matter of no greater concern than the other erogenous zones, notably the mouth ', and that the ' sex of the child is immaterial '. It seems pertinent to raise here certain questions regarding these assumptions. It is worth noting that ordinarily by the age of three the child knows its own sex (cf. the Binet test). This may be an acceptance of sexual identity due to observations concerning clothing and hair arrangements, but is likewise based on concern with the genitals if there has been any opportunity for comparisons. One may well question whether there is some primitive endogenously aroused body image which forms the faint foundation of sexual identity. That observation of anatomical differences occurs regularly at two to three years of age is the experience of nursery school teachers and others in daily contact with young children. It is apparent in the almost universal attempts of young girls at this time to urinate as a boy, but with the definite realization in most instances that this cannot be accomplished. That the child may and frequently does go through a period of assumption that others' genital organization is like his own or that his is like that of others is more likely a narcissistic phenomenon following rather than preceding actual observation of the differences, which may again be denied (2). It seems rather that what is important in the earlier stage is the degree of primary identification with others, the way in which this is influenced by early stresses promoting capacity for firmer body illusions, and its relation to later experiences which furnish reinforcements. It has also been my own direct observation that in some girl children awareness of genital differences with the development of unmistakable penis envy may make a strong and sharp impression if the child is already in a state of deprivation and narcissistic hurt.

Returning to the question of increased primary narcissism due to early repeated overstimulation of the infant, such increase implies a prolongation and greater intensity of the tendency to primary identification as noted and impairment of the developing sense of reality in combination with the increased capacity for body responsiveness and registration of stimulus. It may be that this latter is an important factor in the subsequent belief in magic, since the somatic elements in the identification give it greater force and semblance of reality. This may actually be observed in the pecular recurrence sometimes of highly specific physical illusory or objective symptoms, drawn from an early time in the patient's life and repeated in the course of an analytic situation which again favours their occurrence and their observation.

One such impressive example occurred in a patient of mine who had a younger sibling born when she was twenty-seven months old. This child was badly damaged at birth, forceps injury producing severe head mutilation (later found to cause bilateral deafness). My patient had accompanied her mother to the distant city where this baby was born and had stayed in a hotel with a nurse while the mother was in hospital. On the trip home, my patient developed a severe mastoiditis which required hospitalization and much traumatic dressing of the wound. The whole area became eroticized, and the subsequent depressed scar was fingered by the little girl in autoerotic fashion. Whether the injury of the baby had any effect on localizing the infection by any process of identification could not be definitely told later, but that the occurrence of this infection and its treatment caused a secondary identification with both mother and infant in which there was a strong somatic pull was clear in the content of the analysis. It was most strikingly reproduced when the patient's mother became ill with a gynæcological condition requiring operation, thus simulating the early birth situation. The patient left the analysis to go to her mother who was at some distance away, actually retracing the journey of her early childhood. Her return was delayed because, it was reported, she had contracted chicken-pox. Her opening remark to me in her first subsequent hour was 'What do you think of my catching a kid illness like that?' On further examination it developed, however, that she had not actually developed chicken-pox but a localized eruption with small blebs, limited entirely to the old mastoid area, and clearly associated with the reactivated memory. (Other aspects of this case are given in an early article on anxiety (3). Note also the case described in the paper on Respiratory Incorporation and the Phallic Phase.)

Such children may therefore become more than ordinarily prone to strong bisexual identifications reproduced with illusory body compliances. This means an unusual burden at the oedipal period, with evidences of particularly vivid and severe conflicts followed by an incomplete solution of the Oedipus complex in boys and no solution at all in many girls. In severe cases the whole oedipal problem is then deferred until puberty, when the castration problems arise with extreme intensity, according to the marked bisexual identification, under impact with the genital and secondary sexual body changes, and especially influenced by the secondary narcissistic problems of group identifications of this period. In such situations it is glaringly apparent that the main focus is the unresolved oedipal incestuous attachment, but neither the intensity of this nor its stubbornness can be understood in terms only of the specific family constellation and relationships, resting as it does on the nature of the pregenital components and corresponding deformation of the ego development in its early stages. Without analysis of these elements, work with the Oedipus complex as such may be unsuccessful.

It should be noted, however, that such malformation and intensification of the Oedipus complex do not appear to be a precocity of the complex itself; that in fact the greatest contributing disturbance occurring in the first year of life increases and prolongs the introjective and projective mechanisms in which the incomplete differentiation of the infant from mother and surroundings must blur the identity perception but increase potentialities for further disturbance after the development of conceptual memory.

In summary—this paper has attempted to present considerations concerning certain conditions which influence and distort the regular development of libidinal phases in ways which have not previously been clearly emphasized in psycho-analytic studies. The four main sets of considerations which I have myself observed and here attempted to illustrate are (1) that *very* early stimulation increases the somatization of the memories and symptoms arising from it; (2) that massive or very severe stimulation suffuses the infant with excitement which utilizes all possible channels of discharge; (3) that in such overstimulation, drives from phases not yet mature may be aroused as well as those from already matured phases; (4) that genital arousal occurs from an early time in states of frustration or overstimulation, and the nature, extent and timing of such premature genital arousal probably influences the nature of the genitality later, both as to performance and pleasure. I have attempted to suggest and illustrate some of the possible sequelæ of the varying combinations of inter-phasal stimulations occurring in the pregenital era, but most of all would indicate the need for further examination and elucidation of these conditions.

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STAGES IN THE DEVELOPMENT OF CONTROL OVER FIRE

By ALEXANDER GRINSTEIN, M.D., Detroit, Mich.

An analysis of the concept of control over fire implies that man must be able to do the following: (1) conserve fire while it is burning so that it does not go out, (2) confine it to a particular locale so that it does not spread and destroy either the surrounding property or himself; (3) extinguish it when he is through with its use; and (4) start it once more at will. Only when all these conditions have been fulfilled, can it be truly said that man has control over fire.

In his paper on ' The Acquisition of Power over Fire ', (1) Freud elaborated the thesis which he had expressed earlier in a footnote in *Civilization and its Discontents* (2) that, ' in order to possess himself of fire, it was necessary for man to renounce the homosexually tinged desire to extinguish it with a stream of urine '.

Using Freud's paper as a point of departure for further investigation into the problems involved in the acquisition of the control over fire, a number of questions arise: (1) What force or forces were responsible for the renunciation of the urge to urinate on the fire? (2) Are there any pregenital or preurethral controls which were associated with the development of the control over fire, suggested by our general knowledge of the stages of libidinal development? (3) What psychical factors were responsible for man's learning the secret of *starting* a fire?

To find a solution to these problems is extremely difficult because of the nature of the material with which we have to deal. Our conclusions, moreover, at best can only be constructions based upon primitive mythology and some observations from the case material of the analysis of adult neurotic patients. From the myths we learn that in order to possess himself of fire it was necessary for man to obtain it by trick, or aggressive action of some kind from another person (often represented as an animal or bird with human attributes). Freud, in his analysis of similar material, particularly that found in the myth of Prometheus, stated that actually the god who is defrauded when the gratification of extinguishing fires (by urination) is renounced is none other than the id.

Considered on another level, however, a common feature in all these myths, which we can recognize from our psycho-analytic knowledge, is that the god, human, or animal who is defrauded represents a parent figure. This gives us a clue to the solution of our first problem, namely, what force or forces were responsible for the renunciation of the homosexually tinged urge to urinate on the fire. We would suggest that actually the parent figures were the important agents in accomplishing this. We know that they are the ones who are responsible for bringing about instinctual renunciation in the child. Such demands bring with them a reaction of hostility and aggression towards the person who imposes them. This reaction may be clearly seen in the content of many primitive myths. In some myths both parent figures are involved, as for example, in the Platonic version of the Prometheus myth where the hero is supposed to have stolen the fire from the workshop of Hephæstus and Athena where they laboured in common. In others, it is the father figure who is involved in the deed, as in some accounts of the Prometheus myth where the fire is stolen from Zeus. In still others, the person involved is clearly a mother figure.

Let us consider some of those myths in which fire is taken from a *woman* who represents a mother figure. The following are quoted from Frazer's book, *Myths of the Origin of Fire:*

> The Taulipang Indians, a tribe in northern Brazil, relate that in olden times while man had no fire, an old woman named Peleonsame did have and used it. She refused to give them the secret. Thereupon they seized her and tied her arms and legs together; and having collected much fuel, they set the old woman against it and squeezed her body with their hands till the fire spurted out. But the fire changed into stones called *wato*, which on being struck give forth fire (3).
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> The Tarumas, an Arawak tribe of Indians in the south-eastern region of British Guiana, have a

myth in which the woman from whom the whole of mankind has descended, reveals under force the secret of fire to her brother-in-law. She sat flat on the floor with legs wide apart. Taking hold of the upper part of her abdomen, she gave it a good shake, and a ball of fire rolled out of the genital canal on the floor (4).

In the lands of the Torres Straits, the original possessor of fire was described to be an old woman named Serkar with six fingers on each hand, and the sixth finger being between the thumb and the forefinger. It was with this finger that she was able to make fire. In various myths this finger is bitten off or otherwise forcibly removed, and after that man is able to have fire (5).

In other myths quoted by Frazer, moreover, a frog or toad swallows the fire (as living coals or embers) and later gives it up to man who does not have it (6).

Some tribes of Guinea believe that fire was produced by an old woman whenever she spat or defecated. The mythical twins are said to have induced her to relinquish it (7).

It is important to mention also a myth of the origin of fire which is told by the Warrau Indians of British Guiana (8). They believed that the secret of fire was with an old woman, Nanyobo, who kept the fire concealed within her.

> The truth is that she used to vomit fire out of her mouth, cook the victuals, and then lick up the fire before the boys returned so that she never had a fire burning for them to see.

There is also a well-known Russian fairy tale called *Vasilissa the Beautiful*, where the heroine is forced to get a fire from a horrible old witch. She obtains this only after doing the witch's bidding with the help of a little magic doll which was given to her by her own mother at the time of the latter's death.

Let us examine these myths closely. Frazer felt that these myths indicated that many primitives believed that fire was originally owned by women before it came into the possession of men. From a psycho-analytic standpoint we may raise the question whether this may not mean that women originally had control over fire, and that later it was taken over by men. Moreover, Freud's suggestion that (9) ' it is as if man had placed woman by the hearth as guardian of fire he had taken captive (having spared it by inhibiting his urge to put it out by urine) [1] because her anatomy makes it impossible for her to yield to such a temptation ', carries with it a further implication when viewed from these myths. It is as though man returned to, or never actually completely abandoned, his dependence upon the woman from whom he obtained the secret of fire so that it became necessary for him to establish her as a guardian over it. The mechanism involved in this action may be regarded as one similar to the return of the repressed which we so frequently see in the formation of a neurosis and which Freud discussed in his historical analysis of *Moses and Monotheism*. The formulation that it was the woman who possessed fire before man may well be in keeping, moreover, with the idea often expressed in ethnological literature, of the existence of great matriarchies before the development of the patriarchies. The myths suggest that the overthrow of these matriarchies may have coincided with the overthrow of the mother and the taking away from her of the secret of fire. It is particularly noteworthy in these myths, such as those quoted above, that the phallic power of the mother had to be destroyed in order for man to obtain the secret of fire.

The fact that these early myths emphasize the aggression against the *mother* figure leads us to regard her as being the one who originally demanded instinctual renunciation from her children. Her ability to make such demands was based upon the child's prolonged period of dependence. From her own standpoint, moreover, it meant that she herself had had to make the initial strides towards the renunciation of her own personal instinctual tendencies. One may suggest that this was probably based on biological reasons, physiologically determined by the necessity for her to subjugate her own desires, at least to some extent, to that of her young children. In this function, a great deal of control on all layers of libidinal and aggressive development had to be established, which could then serve as the prototype for subsequent instinctual controls. This suspicion that the mother was an important force in the renunciation of certain instinctual tendencies, and later in the formation of the super-ego, is in accord with our knowledge gained from the study of individual development.

Freud has clearly shown in his paper that ' primitive man could not but regard fire as something analogous to the passion of love—or, as we should say, a symbol of the libido. The warmth radiated by fire evoked the same kind of flow as accompanies the state of sexual excitation, and the form and motions of the flame suggest the phallus in action' (10). This then brings us to our second question, whether there may not be certain stages in the control of fire which correspond with or are comparable to the stages of development found in the libido. If this is true, then Freud's hypothesis that the conservation of fire required some exercise of control over urethral impulses can be further elaborated.

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[1] Parentheses mine.

We are aware that in order for a child to acquire maturation on a more advanced libidinal stage of development, it is normally imperative for him to develop instinctual controls of earlier levels. Moreover, we know from our studies of adult neurotic patients that their ability to attain maturation on one level of libidinal development is often dependent upon the amount of libidinal cathexis invested in an earlier level. We would suspect, therefore, that a certain level of instinctual control of these pregenital impulses had to be attained in civilization before any progress could be made towards the development of instinctual controls at or in the phallic stage.

Let us consider once more the fact that the control of fire in man represents a highly complex ego function. He must be able to conserve it while it is burning so that it does not go out, and confine it to a particular locale so that it does not spread and destroy either the surrounding property or himself. This indicates the existence of specific instinctual controls which involve not only urinary impulses but also impulses derived from earlier stages of libidinal development. In his relationship to fire, man had to learn to spare it by retaining it in a particular place, a pleasure which is derived from the second part of the anal stage. We are familiar with the fact that at the anal level of libidinal development, the rectum is regarded as a hollow tube or organ which is capable of expelling, giving up its object, fæces, or retaining it. The whole process of toilet training eventually necessitates establishing a balance between these two opposing tendencies of giving up fæces or retaining them so that the child learns to control his impulse to defæcate until the proper time and place. Similar controls seem to be necessary with regard to the mastery of fire. The aggressive impulse to allow it to burn up objects had to be controlled so that the conflagration did not become widespread and destroy everything near it, including man himself. Moreover, man had to learn to allow the fire to die down to some extent at night, and to preserve it in this state by covering it with ashes. By day, however, he had to make it flare up once more so that he could utilize it for his needs. While it burned he could not allow it to burn with too great a flame, or it would consume the food he was cooking. All in all, many specific skills had to be mastered, thus emphasizing the delicate balance of the controls involved.

A careful analysis of man's mastery over fire, in this stage of his development, reveals that the control involved here is one over impulses representing an intimate fusion between those of a libidinal character, which we have already seen have certain anal derivatives, and those of an aggressive nature. This does not surprise us, inasmuch as we are accustomed to find a large component of aggressive impulses in the anal-sadistic phase. When we examine such a psycho-pathological disturbance as fire-setting, for example, we are often able to see that the act is a direct expression of aggressive hostile impulses as well as libidinal ones.[2] What is frequently involved and what brings such people to the attention of the authorities is that their control of the fire, once it was started, was not sufficiently adequate to cope with it. The ego of the fire-setter is not capable of dealing adequately with the reality situation (of a fire out of control) brought about by the discharge of his aggressive impulses in the act of fire-setting. One not infrequently hears the explanation given by these people that they did not intend to start such a big fire, but that 'it got out of control'. We would suspect that similar aggressive impulses had to be controlled by primitive man before it became possible for the energy derived from the inhibition of these impulses to be utilized in the complete and final mastery of fire.

On a different level there are, moreover, certain derivatives of the *oral* phase, and especially of its sadistic components, which are involved in the control of fire. It is well worth considering, for example, the behaviour of *blowing* on a fire. With regard to this, we speak of blowing a fire out, as we do of a match. Primitive man, too, may have seen fires blown out by the wind. On the other hand, we blow on a fire to make it burn more strongly and effectively. This phenomenon primitive man may have been able to observe as well, when he saw fire flared up by the wind. Thus, here, as with the anal impulses, we are able to see that it was necessary for the control of *oral aggression* and its derivatives to be established before the complex process of mastery over fire was possible.

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[2] This is entirely in keeping with the findings of Yarnell who observed this behaviour in the children whom she studied. (*Am. J. Orthopsychiatry*, 1940, **10**.)

Another oral impulse which we see expressed in relation to fire is *spitting*. Clinically, one occasionally hears that a patient had spat on a fire in his childhood, and that later this practice was replaced by urinating upon the fire.

One male patient, for example, told me that at the age of five or six he used to spit on fires. He was told by his mother that if he continued this activity he would become tongue-tied, or develop some speech difficulty. He said that he stopped this behaviour, and soon after this he took to urinating on fires which he and other boys made in an alley near their home. This clinical material is interesting from our standpoint because it reveals that here it is the mother who demands the instinctual renunciation, with regard to fire, and that this renunciation is on a pregenital level. Furthermore, the threat which is imposed follows the law of talion, namely, that if he used his mouth in an aggressive act upon the fire, that offending part of his body would be punished.

Unfortunately time does not permit the presentation of further case material in any detail. However, clinical evidence available from analysands reveals that discussions about fire are frequently brought up in association with material on *all* levels of libidinal development. A few illustrations may be mentioned.

One patient, a woman, had the following two dreams in one night:

I. ' She is watching a fire being made with a *New York Times*."

II. ' She is diapering a baby boy, son of a friend of hers, with a new type of diaper."

The first of these dreams led to many associations about fires which she had made or seen in childhood. There was special reference to her helping her mother make twirls of paper out of the *New York Times* with which to start fires. The associations to the second dream were all anal in character, and dealt with cleansing diapers of fæces, etc. There was no material referable to urination in the entire hour.

Another patient, a man, following a dream, which again time does not permit us to mention, related his manifold experiences with fire. The significant fact was that his concern about fire was expressed on all levels of libidinal development. He spoke of urinating on it, smearing the ashes about with his feet, and, as a child, of spitting upon it. Now, as an adult, he mastered a trick of spraying a mouthful of cigarette lighter fluid past a lighted match to blow a flame several feet through the air in front of him. He discussed experiences of initiation rites in which flatus was ignited by the participants. He emphasized his use of fire as an aggressive, destructive agent towards those people against whom he harboured hostile feelings. We are able to see how in this material impulses of an aggressive character as well as those from all layers of libidinal development are brought up in association with fire and an attempt to gain mastery over it.

If we return now to the myths quoted at the beginning of this paper, we may see in their structure evidence of a preoccupation with oral and anal functions. The fact that in these myths the possession of fire is relegated to the mother's mouth or rectum may be understood from the standpoint that the child's own pregenital instinctual tendencies are represented as being indulged in and gratified by the mother. The emphasis is upon the fact that here these libidinal impulses are represented as being pregenital as well as urethral. It must be noted, moreover, that at the time of the final attainment of the urethral inhibition, which is emphasized by Freud, in his paper, there had already developed a synthesis of the pregenital impulses with those of the higher phase. This construction corresponds with the familiar concept of *amphimixis* which has been discussed by Ferenczi (11).

If we continue our investigation of primitive myths on fire, we find that on the basis of their content, Frazer has classified them into three stages: a fireless stage, a stage of fire used, and last, a stage of fire kindled. These stages correspond with the stages in man's development of control over fire. We may suspect that in the first of these stages, fires from lightning, etc., must have existed in the world, but man was not able to use them for his own purposes and hence was without fire. In the second stage, he was able to use the fires which he observed or found in nature, but was not able to make them himself. This stage seems to fit most closely with the controls developed in the pregenital stages of libidinal development. In the third stage of man's control over fire, the stage of fire kindled, man learned to make fire.

This then brings us to the third question which we raised at the beginning of this paper, namely, what psychical factors were responsible for man's learning the secret of *starting* a fire? In this final stage, the method of fire making may be considered under two categories: first, fire which is made as the result of knocking or striking some objects together; and second, fire which is made by friction. With regard to the former, that is the striking of objects together, to make sparks which ignite some inflammable material, the control involved is that of mastery over aggressive impulses which can be channelled and directed so that a fire can be made and maintained. With regard to the latter, that is, where the fire is made by friction, it is clearly identified with the sexual act. Frazer, for example, quotes numerous illustrations where, in primitive or religious rites, a man, a priest, called the firemaker, spends the night with a woman and between them they kindle the fire. Frazer himself recognizes that the process of fire-making ' symbolizes coition '. These rites may be found in various different localities, each referring to variations of the same theme. In this connection it will be remembered that according to Plato, Prometheus secretly stole the fire from the workshop of Hephaestus and Athena where they laboured in common. This account, as well as many similar ones cited by Frazer from his vast collection of primitive myths, sounds like the observation of the primal scene from which a child derives considerable libidinal excitation and frequently acts out in play what he has witnessed. This may then represent an expression of an experiential prototype for the production of fire. We suspect that a deep psychological truth lies behind this form of making fire. It would appear that only after man was able to inhibit some of his phallic impulses and sublimate them to a certain extent could he then act out with primitive tools an expression of his incompletely gratified sexual longing and could thus learn to *kindle* fire. In terms of our knowledge of the derivation of aim-inhibited gratifications out of more fundamental instinctual tendencies or instinctual components, it would appear that a certain degree of mastery of instincts (both libidinal and aggressive) had to be established before the control over fire could be acquired. This necessitated a certain degree of renunciation of instinctual gratification before such a level of development could be reached. When this instinctual control was exercised in connection with the control over fire, it produced subsequent secondary gratifications of a kind which then in themselves aided in the development of further sublimations, and were utilized to advantage in the progress of civilization.

From the standpoint of the problem of the relationship of the control of fire to the history of human civilization, as well as from the standpoint of the psychology of the individual, it is an interesting problem why the sex of the parent figure from whom fire is obtained varies in different myths. In many versions of the Prometheus myth, for example, as well as in many primitive myths cited by Frazer, it is a father figure from whom the fire is stolen. This is especially true in those myths (and rites) where the fire is represented as being taken from the *sun*, which in the unconscious is a well-known symbolic representative of the father. These myths characteristically do not possess any allusions to pregenital functions, and hence they may be regarded as developmentally of a later stage in the control of fire, and more specifically of the making of fire, than those where fire is taken from a mother figure. We should like to suggest the possibility that these myths may refer to different stages of the development of civilization when the tribe was under the domination of an omnipotent woman, as in the matriarchal system, or an all-powerful man, as in the patriarchal society. The relationship of the development of control of fire to totemism and primitive religion would have to be, however, the subject of further investigation.

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(4) *Ibid.*, p. 133.

(5) *Ibid.*, p. 26.

(6) *Ibid.*, p. 210.

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FREUD'S CONCEPTION OF LOVE[1]

By EDWARD HITSCHMANN, M.D., CAMBRIDGE, MASS.

The time has gone when love was regarded as a mystery or as a visitation from God. We know that it is of libidinous origin and that it has a biological basis in that its basic aim is the sexual physical union of two people. But there is a special psychological aspect, which we also call love. It has been elaborated in famous love stories whose heroes and heroines are widely known and widely imitated in behaviour and speech. In romantic love, the most striking phenomenon is the unconscious overvaluation of the love object. It is this irrational component which justifies our scientific curiosity. To interpret the irrational is a task of our science.

What is the nature of love? What differentiates love, a fleeting infatuation, a sexual adventure, a marriage based on reason or on the admiration of a classic beauty?

This question, what is love, is infrequently posed, in spite of the fact that love is so universal a human experience. The average person accepts the phenomenon of love as uncritically as the phenomenon of sleep, just as he accepts the presence of religious faith, without inquiring into the reasons for its existence.

This paper will deal only with love in males.

Freud's explanation of the phenomena of love is contained chiefly in his *Contributions to the Psychology of Love* (1910, 1912, 1918) and *Mass Psychology and the Analysis of the Ego* (1921). Love, moreover, is discussed in the *Collected Papers* not less than about one-hundred and thirty times!

Among the phenomena of love we find many varieties. The common sensual love disappears temporarily following sexual gratification. The love object, however, may enjoy a persisting cathexis, and consequently is cherished or 'loved' also during desire-free periods. The tender longing is not aimed at sexuality, but merely originates in it. It is 'aim-inhibited'. Since it cannot bring full gratification followed by temporary withdrawal, it becomes the basis for the sustained aspects of a relationship.

According to Freud, it is the 'aim-inhibited instincts', the feeling of tenderness, which characterizes 'being in love'. These make their first appearance after the repression of oedipal wishes at the age of five or so. During puberty, general libidinous desires of the son directed towards the mother arise once more, again to be repressed and transformed. Tenderness, however, can be observed in much younger children in a fragmentary, somewhat dissociated form. It is possible that an element of imitation, of primitive identification with the tender loving parent-imago occurs.

'Falling in love' is furthermore characterized by the phenomenon of 'sexual overvaluation', in which the assets of the love-object are extravagantly overrated. In a malicious aphorism, Bernard Shaw declares: 'Being in love means greatly exaggerating the difference between one woman and another.' The beloved woman is overestimated and the man's judgement is biased in her favour: He idealizes her. This element of infatuation provides love with an irrational character and exposes a lack of logic, astonishing to the objective observer. The function of reality testing is inhibited in the lover.

Freud has shown how the mother or her substitute, devoted to the boy's feeding, care and protection, has been his first love. Later she appears by regression in the person of his beloved, who is chosen according to the 'anaclitic type' of object choice. A different process occurs when a man chooses his beloved not after the image of the mother, but rather after his own image. This is the 'narcissistic' type of love, in which the love object has become a substitute for the ego-ideal. The ego has introjected the beloved into itself. In Freud's words, this narcissistic type loves: '(*a*) What he himself is; (*b*) What he himself was; (*c*) What he himself would wish to be; or (*d*) The individual who was a part of himself—the child.' It might be noted here that the love for children too, may evidence this typical overvaluation, the urge to regard one's child as perfect.

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[1] Read as the A. A. Brill Memorial Lecture, New York Psychoanalytic Institute, November 14, 1950, and at the 17th International Psycho-Analytical Congress, Amsterdam, 1951.

Man, in contrast with woman, more often chooses his love-object according to the anaclitic type: he unconsciously seeks to repeat his infantile instinctual gratifications of the main necessities of life.

I would like to relate some personal recollections of a lecture on love which Freud gave in 1914. Freud used to deliver regular Saturday lectures in the small auditorium of the ' Vienna Psychiatric Clinic '. These lectures were attended mostly by his intimate disciples and by various young people. The audience was not always large. Freud said once to his daughter Anna who accompanied him: ' If we should not be more than three to-day, we will play cards instead.'

It would have been easy for the resident hospital physicians to attend these lectures, but they did not. For at that time not even psychiatrists took Freud seriously. He was considered to have isolated himself by his fantastic idea. Had he not stated in a medical society meeting his belief that men, too, could be hysterical? His opponents denied this with the argument that the term ' hysteria ' itself was derived from the Greek word for uterus. Moreover, who could follow, or even grant serious recognition as a scientist to one who attempted to interpret dreams?

Even we disciples had not a clear presentment of the great future of our lecturer. It was at one of these Saturday lectures that Freud, who seemed in particularly good spirits, declared that love was to-day's topic. For the first time, love would be the subject of a scientific lecture. He asserted that love could cause mental illness, and if we were to venture upon a scientific interpretation of love, the poets might lose their readers.

Up to the present time, Freud went on, love had been considered mysterious and of divine origin. The influence of its biological basis can be understood only by psychology. It would be foolish to assume a chemism, since homosexuals also experience romantic love. For them, too, the mother has been the first beloved. Countless features of human love life, and especially its compulsive characteristics, can be comprehended only in relation to infancy and as transformed derivatives from that period.

What makes love passionate and directed towards one object, Freud continued, is the fact that *the source of the unconscious has been tapped*, and its contents, which are strongly charged, *overflow* consciousness and are experienced as special emotions.

A single individual is loved because this love is a repetition of the incestuous feeling for the mother, who was the first choice of a love-object. One remains fixed to the mother or glides away normally to sisters, aunts, and other functionally related substitute figures, and later on to relative detachment. Freud emphasized the type of man who remains fixed to the mother, in whom the intensive mother-fixation creates a neurotic disposition. Illustrative of this, for instance, is falling in love only with older women, or only with relatives, or only with females resembling the subject's own mother. In other words, this man over-reacts to an element in his love-object which is derived from his mother. The resemblance may be only partial; it may be the figure, the hair colour, the voice, or just the same first name. ' Love at first sight ' could not exist at all, unless unconscious, that is, repressed memories and associated desires were specially involved.

There are more examples which are a consequence of fixation to the mother. Goethe's Werther falls in love with Lotte when he comes upon her, playing the rôle of a mother, as she is preparing slices of bread and butter for her younger sisters and brothers. A man who marries for money may unconsciously wish to continue to be ' nourished '. Falling in love with governesses, servant girls in the parents' home, with fellow workers in offices or laboratories can be explained by the original fixation to the mother and the acceptance of these close love-objects as substitutes. The more these unconscious factors function to determine the choice, the greater the neurotic disposition of the man. The defence against mother-fixation permits the ego to find many ways out.

During the general time of this particular lecture, Freud published his *Contributions to the Psychology of Love*. These studies deal with the peculiarities of men, for instance, of falling in love only with married or engaged women, with the unconscious intention of depriving the other man. It is the triangle of mother, father and son which seems to be a preliminary condition. A second type shows the inclination not only to one, but to a series of love-objects successively, and with the urge towards the moral salvation of the beloved. These types of love all originate in the ' infantile mother-fixation' which also creates so many bachelors. The fixation to the mother can also result in what is clinically the most frequent form, the degradation of love. The love-object is split into two parts or seen in two ways, one of which is tender love, as for the mother, the sister, or the 'good' woman, and the other is sexual love, which is regarded as morally debased. Here the man seeks promiscuous women and prostitutes.

There are many more examples which show that early fixation and subsequent regression influence the selection of the love-object. Karl Abraham has described a 'neurotic exogamy' which develops in some men, leading them to choose as love-objects only women whose race or nationality or physical characteristics are different from those of their mother. There are, for instance, some sons of Jewish families who are able to fall in love only with Gentile girls. Abraham points out the similarity between the psychology of neurotics and that of primitives who have exogamy as law. The inhibition originates in the pressure to escape from unconscious incestuous impulses. Of course, men may also feel annoyance at, or dislike of, the mother's or sister's behaviour. To fall in love with the sister of a friend, on the other hand, may indicate a tendency towards unconscious feminine identification (with its homosexual implications).

The Don Juan, too, has originally experienced a mother-fixation, but he is, as inner defence, a would-be aggressive personality who is disappointed by every love affair and who must ever seek and never find the original gratification.

In actuality, of course, the process of falling in love may be more complicated than is indicated by the examples given here; e.g. the bride may have been chosen either because the future mother-in-law resembles the bridegroom's own mother, or he can be drawn towards her daughter by the appeal of his unconscious homosexuality.

I once knew a man, for example, who used to fall in love with every young mother he met who held a child in her arms. He was motivated by the repressed memory of his mother with his younger brother in her arms.

Our deeper understanding and insight into the pre-oedipal mother-infant relationship was emphasized by Freud in 1931. Conflicts derived from that period profoundly influence the development of human beings.

Edmund Bergler (especially in *The Basic Neurosis*) stressed the masochistic elaboration of these conflicts. Bertram Lewin's formulation of the 'dream screen' whose prototype is the mother's breast, is similarly based on the persistence of fixation and on the regression to the pre-oedipal mother.

The elements on which these considerations are based are directly explained by Freud's memorable words: 'Not without good reason is the sucking of the child at the breast of the mother the model of every love-relation. The finding of the object is indeed a re-finding.' And further, 'The man seeks his object according to the reminiscence of the mother, as her picture governs him since early childhood. That the still living mother opposes this renewal and reacts with hostility even proves this fact.' And again, 'That the beloved is believed unique, is overvaluated, fits in this context because nobody has more than one mother, and the relation to her is based on an undoubted and not repeatable event.'

The dynamic influence of the mother-infant relationship in determining the later behaviour of the son in his love-relations was also illustrated in my psycho-analytical supplements to biographies of famous, creatively productive individuals. It is demonstrable in all cases where such details of the person's childhood are known.

One of the most famous examples of a great love affair is that between the young Goethe and Frau von Stein. She was a lady seven years his senior, sickly and not particularly understanding. Goethe's letters make it clear that he himself was aware of the fact that his love was due in part to his memories of his mother primarily, and of his sister secondarily. In one of his letters he reports, 'Little by little, she has supplanted for me my mother, my sister, and my other beloved ones, and a link has been formed similar to those of nature.' And in a poem he says, 'In times bygone thou wert my sister or my wife.' The superlatives he used in expressing his feelings clearly indicate an identification. In another letter Goethe says, 'Thou art the only one in whom I find everything without flattering them.' ('Du Einzige, in die ich nichts so legen brauche, und alles in Dir zu finden.') In reality, there was not much to find in her, and all that he reported had to be fantasied. Goethe was a narcissistic, erotic type of character who, at the age of seventy-three, said of himself, 'I don't feel well since I am neither in love nor is anyone in love with me.'

Parenthetically, I might mention that Goethe may have been a fetishist. He once wrote to his wife asking her to send him her dance-torn shoes. ' A pretty foot,' he once declared, ' is a great gift of nature.' And one of his short poems runs as follows: ' Believe me truly, my girl, leave thy legs alone. Dancing needs more than just red shoes.'

We must not underestimate such additional conditions for love. Freud in his *Three Essays on the Theory of Sexuality* says that a certain degree of fetishism is always inherent in normal love. In a late paper, he showed that the fetish unconsciously represents a part of the mother, namely, her imagined penis.

In another biographical study I was able to show that the famous English conversationalist of the eighteenth century, Samuel Johnson, never forgot his mother's generous feeding. He married a widow twice his own age, and after he became a widower he experienced a deep love for another man's wife, Hester Thrale, who provided him for twenty years with motherly care. He wrote to her, ' None will love you better or honour you more sincerely than I.'

The Swiss poet, Gottfried Keller, who in his poetry frequently glorified women's breasts, let his old, poor mother continue to feed him for a very long time. He remained unmarried.

A second perennial bachelor, Johannes Brahms, loved Robert Schumann's widow, an affectionate mother of seven children, his senior by fourteen years. When Brahms had lost his own mother, he declared, ' Now I have no mother any more; I have to get married.'

Anthropology provides us with further examples of romantic attachment to the image of the mother. According to Malinowsky, romantic love exists among Trobrianders in spite of sexual freedom in the period of youth. For a striking negative example, I am indebted to the great anthropologist, Professor Clyde Kluckhohn, who has been so successful in applying psycho-analysis to anthropology. Professor Kluckhohn pointed out that the children of the Navaho Indians do not have a single feeding mother. They may be fed by their own mothers and by their aunts, or other mothers too. As a consequence, and unlike other peoples, the Navahos do not evidence the romantic love complex.

The early love affairs of men generally manifest the process of substitution for the mother, or secondarily the sister. One of the most famous of love affairs, that between Dante and Beatrice, began when Dante was nine and Beatrice was eight years old. Dante's exaltation grew to the highest degree when she once turned her eyes up to him. Maybe her eyes reminded him of his mother's eyes.

It occurred to me to compare falling in love with the experience of religious revelation. Here we can observe another aspect of the lasting influence of early emotions. In both situations, we are told of intense feelings of bliss, of ecstatic sentiments, of a sudden access of security and the conviction that one's object has finally been found. In the religious revelation, the object is in God the Father, and in falling in love, the object is in the mother.

Even the equivalent of the embrace in the lover's daydreams is reported by some religious converts. ' God was in my bed, I felt his presence. . . .' The regression to the father of childhood, to the God behind the clouds of whom the child had been taught, and whose pictures he had seen innumerable times in church, leads him to his hallucination. The presence of God is felt. This is the revelation of men.

The problem of love, especially of romantic love, like the problem of religion, is rarely subjected to scientific investigation. The evasion of the study of religiosity seems related to small indecisive personal attitudes towards religion. Psychology is too probing! Romantic love, moreover, belongs to younger people and is a passing phase anyway. Besides, sooner or later, sexual feelings come into consideration. There is a sense of frivolity, as though it lacked dignity and gravity. Despite the fact that the problem of love fills all literature, the reluctance to investigate it persists. Almost everyone has experienced once, or even more than once, the sweetness, the bliss, the elation and the passing of such feelings. In Bertram Lewin's inspiring book, *The Psychoanalysis of Elation*, elation is not alluded to as an essential part of love. Falling or being in love, however, are the most frequent occasions for the experience of elation. Our poets have always known this and have described it extensively and exactly.

Regression after fixation, but without hallucination, creates the same blissful sense of reunion, which some men feel in love. The gratification of narcissism is evident, and there is a striking similarity between the by-products of love for either of the parent substitutes; the father is God, the mother is the beloved. It is true that falling in love and experiencing a religious revelation are indeed different in structure, since the beloved is actually present, and God's presence is merely hallucination of the father in God's image. Moreover, like some religious mystics, lovers in their narcissistic transports frequently report that they have become capable of some almost supernatural telepathic experiences. The 'erotic paranoiac' with a fixed and sustained psychopathology exhibits a greater similarity to a person with a revelation: in his delusion, the beloved woman who may be a queen or a princess greets him from her carriage, or sends him greetings through a newspaper. Attention should be called to William James' statement that the deepest feelings of elation are only discernible in the 'religious experience'. James himself went through such experiences; his love for his father was extraordinary.

About one hundred years ago the French writer Stendhal published a book, *On Love*, which was also intended to be a scientific description of passion-love, of 'this madness of human beings'. Stendhal was a kind of predecessor of Freud, an intuitive genius, who dimly suspected the narcissistic basis of tender love.

Edmund Bergler in his biographical study (1935) drew attention to the fact that Stendhal knew of the phenomenon of the lover's overvaluation of the beloved. Stendhal called this reaction 'crystallization', comparing it with a physical phenomenon which he observed in the salt mines near Salzburg. In winter the salt miners throw leafless branches into the mine galleries. A few months later the branches are covered with a frost-like layer of crystals. This, Stendhal found, resembled the infatuated behaviour of a friend who was constantly discovering new traits of perfection in his love object, flattering illusions which were indiscernible to others.

The personality of Stendhal, that astute observer of an amorous experience *in statu nascendi*, is of considerable interest. Stendhal tells of himself that from the age of six he had been sensually in love with his mother. He covered her with kisses and desired to see her without clothes. When she fondled him, he returned her caresses so passionately that she was forced to leave him. When Stendhal's father came in, interrupting the kisses, the boy learned to hate him. He always wanted to kiss his mother on the breasts. He writes, 'I was as criminal as possible. I was madly in love with her alluring charm.' Stendhal had not repressed his oedipus complex. He has also described the narcissistic character of love. 'In love', he says, 'one only enjoys one's own illusions.' Stendhal was admired by Nietzsche, who considered him the 'last great psychologist'. Stendhal was always in love, but not always favoured; was polygamic and not always potent. In the story of his youth, he mentions the fact that he contracted syphilis at the age of eighteen. He is best characterized as a brilliant psychopath who experienced love more intensively than any other man. Need I add that he remained unmarried?

Again and again, his world-famous novels stress the extravagant happiness of the lover, and, frequently, the problem of incestuous relations turns up. He tells about himself that he preferred reverie (daydreaming) to all other states, and that usually he represented an unhappy lover.

Stendhal described how love varied in France, Italy, Switzerland, Germany, countries in which he had at one time or another lived or travelled. One item is of especial interest for us. More than a century ago, from hearsay only, Stendhal described love in America. 'Love in the United States is characterized by reason. The entire elasticity seems to be applied in the reasonable institutions of life, and the defence against all unwholesomeness. The young American girls are so permeated by reasonable ideas that love, this blossom of life, has left the youth there. . . . In Boston it is possible without trouble to leave a young girl alone with a young, handsome foreigner and to trust that she will think only of the future husband's money. . . . In winter, young people of both sexes drive about night and day in sleighs in the snow, gaily travelling long distances, without anyone to look after them; and nothing occurs.'

It is very doubtful whether Stendhal's description of American girls was accurate. Still, if we ask ourselves what has changed these old-fashioned girls of the nineteenth century, the best answer is given us by the vigorous words of Theodore Dreiser, who understood that Freud 'like a conqueror, taking a town by assault, . . . opened the town's old grey prisons and freed from its dusty and rusty jails the prisoners of those formulas, prejudices and false doctrines which had tormented and exhausted men for hundreds and thousands of years'. Forceful words to show what Freud has done for America and for the world!

I would now like to review some psychoanalytic reactions to Freud's concept of love. These reactions can be subdivided into two groups: Those which try to enlarge the concept and those which try to negate it. Freud's assumption that the sucking of the child at the breast of the mother is the model of every love relation and that the finding of the object is indeed a re-finding, receives an excellent confirmation from Bertram Lewin in *Psychoanalysis of Elation*. As elation is an essential part of the feeling of love, Lewin's interpretation of elation as reliving of the early infantile bliss at the mother's breast proves the truth of Freud's ideas. 'The ecstatic mood repeats or relives', writes Lewin, 'the non-verbal or never-verbalized experience of union at the breast.' The regular fantasies of oral erotism, the fantasies of devouring and being devoured, could they not give the explanation of the urge to kiss, which loving people usually show?

To the first group belongs also the paper of Jekels and Bergler on 'Transference and Love'. It was first published in 1934 and dealt with the problem from the point of view of Eros and Thanatos. They maintain that tender love is based on a discrepancy between ego and ego-ideal. According to them, an inner guilt is the propelling factor in romantic love. Jekels and Bergler also claim that tender love has a purely narcissistic basis, hence the overvaluation of the beloved. It is the lover's own ego-ideal that is so highly valued. Only the combination of both ingredients—sensual and tender—makes up the phenomenon of 'love'. I must confess a disinclination to accept the assumption that guilt is an invariable basis for love. Love is too universal for such a complicated and specialized theory. Acts of love only too often provoke guilty situations and secondary guilt feelings. These originate in the regressive drive to the mother who represents only kindness, generosity and forgiveness—at least where she was not frustrating, rejecting and cruel or is reconstructed as such.

The second group of authors, the critical-negative, is exemplified by the dissident Theodor Reik. In his book, *A Psychologist Looks at Love* (1944), he calls Freud's point of view incorrect. 'Love is in its essential nature an emotional reaction-formation to envy, possessiveness and hostility. . . . What pushes us to love is an effort to escape from internal discontent. Envy is one of the necessary preparatory elements of love.'

Reik writes further: 'Freud's libido theory is a magnificent error. Love is not a biological need, because there are millions of people who do not feel it, and many centuries and cultural patterns in which it is unknown. The theory of narcissism is not only a misnomer but also a misconception. It is mere mythology dressed in science.'

Reik asserts and furnishes a new concept of love, and his systematization he calls 'neo-psychoanalysis'. In later writings, especially in *Listening with the Third Ear*, Reik, a reconverted apostate, returns to Freud and the 'old' analysis. We interpret his crisis with the experience. Also, the third ear can be temporarily obstructed.

In contrast to this psycho-analyst who finds that Freud's theory lays too much stress on sex, another follower of Freud, Michael Balint, takes exception to a concept of 'higher' love, because it represents a theoretically contradictory fusion of opposing elements, that is, of sexual genital gratification and pregenital tenderness.

'Genital love in man is really a misnomer. In its true sense, it exists in animals only.' 'Falling in love', according to Balint, 'happens only to weak egos; it resembles a psychosis or intoxication. Love is exclusive in the highest degree, it can only be called egotistic and exotic.' It sounds elegiac when Balint regrets that the human being in contrast to the animal, which evinces interest in the other sex only during periods of heat, has to offer kindness, regard, and tenderness, even at times when he has no sexual desire at all. Balint recapitulates very instructively the experience of anthropologists:

'In general, different forms of civilization may be grouped in two types. In the first type, we find passionate love, idealization of the object of love or of the instinct, a strict social enforcement of the latency, courting, abundant love songs and love poetry, sexual hypocrisy, appreciation of tenderness, and usually well-developed complicated "ars amandi". In the second type, the society does not seem to care much about enforcing a latency; in fact, there is hardly any social demand for sexual abstention at any age; there is hardly any courting, hardly any love songs, and very poor love poetry, very uncomplicated genital sexuality. Perhaps both passion and excessive tenderness are "artificial" products of civilization, the result of systematic training by frustration during education.'

The subject of this lecture is in part a supplementary reaction to Professor Kinsey's book on *Sexual Behaviour in the Human Male*, in which love is not even mentioned.

Since the publication of Freud's papers on love approximately thirty-five years have passed. Some theories of our science would to-day have been formulated differently. Since then, the observations of the anthropologists and the still young social sciences have provided some enlightenment along collateral lines. If we consider that until Freud published his findings, love as a whole was looked upon as a mystery, or as coming from God, we realize that his scientific interpretation represents an enormous progress. Freud emphasizes the biological basis, the libidinous part of love, the 'sexual overvaluation' and the tenderness originating in childhood. The question of selectivity, of the determinants of a man's choice of love-object, was answered by referring to the persisting influence of the mother-infant relation.

But Freud came to several pessimistic conclusions about limitations of man's love. First, the narcissistic kind of woman's love leaves the man in doubt as to whether he is really loved and therefore he is never fully gratified.

Second, the final object of man's love is never the original, but is always a substitute. He starts the selection of this object twice because the incest barrier interferes with his first choice. All this is unfavourable to the attainment of full gratification.

Psycho-analysis has also taught us that if the original object of a wish is lost by repression, it will often be replaced by an endless series of substituting objects, of which no one is fully sufficient. This may explain, according to Freud, the versatility of the choice of objects, the need of stimuli, which often characterizes the love of men.

Third, in our society the fusion of the tender and the sensual relations is a source of conflict for the majority of cultured men. Therefore the respect for the wife is frequently limited to some degree by the sensual element.

Moreover, and this is Point Four, the restrictions and prohibitions which are characteristics of our culture have been established at the expense of gratification. It is the continuation of certain repressed impulses (e.g. coprophilic or sadistic ones) which are manifested in the martial form of dissatisfaction.

In his deeply pessimistic book, *Civilization and its Discontents*, Freud also deals with love: 'One of the aspects of love has given us the strongest sentiment of an overpowering feeling of bliss and thus divulged to us the image for our pursuit of happiness. What would be more natural for us than to persist in seeking happiness on the same path where we first encountered it? But never are we less protected against suffering, never more hopelessly unhappy, than when we have lost the beloved or her affection.'

In our culture, the young man learns about love in literature and in the theatre before he knows the facts about it. Real love, which best unfolds its blossom by means of frustration and sublimation, is regarded as the origin of fine art and music. Love brings inspiration, and sometimes makes one productive. Even the simple non-musical man may become a poet. There is, according to Ernst Kris, in certain creative artists a regression, and the act of creation is influenced by unconscious oral fantasies. 'They imbibe their impetus from a fantasied breast, and this endows their work for them with a sense of imminent artistic truth, felt as inspiration.'

The picture of love as presented through the movies and by the singers on the radio now in our society may appear as too banal, obnoxious, even intolerable. But love will never vanish in our culture!

The love between the parents was even stressed as hygienic duty for the healthy development of the children. Leo Kanner writes about the family condition in which the offspring develops into schizoid 'autistic children' with a striking incapacity for object love. 'Such parents describe themselves and their marital partners as undemonstrative; they do not seem to mind with some bitterness about the husband's or wife's lack of outward show of affection. Matrimonial life is a rather cold and formal affair. There is no glamour or romance in pre-marital courtship, no impetuousness in postnuptial mating.'

Another famous illusion about whose future Freud was so sceptical does not change. Did not Voltaire once predict that in a hundred years people would no longer be reading the Bible? William James asserted of the religious that they are 'often neurotic'. Even if we find that people in love are 'often neurotic' too, Love will never vanish!

I should mention a sceptical voice about the future persistence of romantic love. Professor Talbot Parson, a sociologist of great reputation and with understanding of psycho-analysis, declared that the theme of romantic love appears to have passed the climax. ‘ A more mature and wider love, not based solely on physical attraction or even marriage, will take its place.’

Parson even goes so far as to say that romantic love was the nineteenth century’s answer to the problem of social disorganization.

“ With clan and parish dead or dying and with labour unions and other special interest organizations not yet grown to maturity, the lovers at least had each other. They could cling together in a heartless world that offered them no more effective support.’

Freud’s conviction that love is based on the eternal natural relation of infant and mother makes us optimistic. Romantic love will be permanent in our culture!

A great value of our interpretation of love lies also in its ability to oppose the current threatening rebirth of mystic-religious theories of love. A group of Swiss and German psychologists known as Existentialists, calling themselves ‘ Daseins-analysts ’, with Binswanger, Jaspers, Jungan, and Heidegger as leaders, decline psycho-analysis as mechanistic-dynamic, and have attempted to define love again as a mystic religious concept. I quote Professor Jaspers’s definition of love to illustrate this point of view: ‘ Love is a movement within us . . . into the absolute and the totality. . . . The object is seen in God, not isolated; it is realized not as a limited fact, but as embedded in infinity.’

Let us stick to Freud’s psycho-analysis of love! Let us continue to work on the problem, to complete its metapsychology and to formulate it for the female sex as well. Freud was so often right where others hesitated. The improbable again is the truth.

Let us close with the wise admonition of Schopenhauer, the great philosopher of the nineteenth century: ‘ Den Anwandlungen deiner Sinnlichkeit sieh lächelnd zu, wie der Ausübung eines gegen Dich verabredeten, aber Dir gesteckten Schelmstreiches.’

In English: ‘Watch the temptations of your sensuality with a smile, as if it were the execution of a prank planned against you, but of which you have been secretly informed in advance.’

FURTHER REMARKS ABOUT SCHREBER'S HALLUCINATIONS[1]

By M. KATAN, M.D.

Psychiatric Department, Western Reserve University, Cleveland, Ohio

This paper is a sequel to one which I read two years ago at the Congress in Zürich (*Int. J. Psycho-Anal.*, **31**, 1950). Let me state some of the conclusions reached in that first paper before commencing my present one.

Schreber, in the period preceding his psychotic delusional state, tried to ward off the demands of his unconscious homosexual urge. Yet one night his defences broke down and he experienced an outburst of six emissions. The castration danger involved in these orgasms caused him to sever his relations with reality, whereupon his psychosis began.

It should not be assumed that Schreber's contact with reality was now completely broken. A large part of his personality still remained in contact with reality. Only if a danger arises with which the ego cannot cope by reality means is contact with reality relinquished and a psychotic symptom formed instead.

During the early stage of Schreber's psychosis, every time that the *non*-psychotic part of his personality anticipated a situation in which his homosexual feelings would gain the upper hand and would lead to an orgasm, his ego did not wait until such a situation had fully developed, but set up an interference. With regard to the complicated process which then followed and which I have described in my previous paper, I wish to emphasize only that the cathexis of the dangerous homosexual urge is withdrawn and that this withdrawn energy is used in forming the hallucination. In this psychotic process a very primitive form of projection is employed. What was originally part of the id appears now, in a distorted form, to come from the outside.

We may say that the energy which was withdrawn from the dangerous urge evaporates in forming the hallucination. *The hallucination, therefore, is a discharge phenomenon!* The amount of energy which would lead to the development of danger is discharged, and the conflict is temporarily resolved. New stimuli —either from within or from without—will again cause an increase of the homosexual urge, and the whole process is repeated.

Viewing the hallucination as a phenomenon through which energy is discharged before it can create a danger situation, we should not expect to find the hallucination accompanied by anxiety. Let us consider an example.

During the night, Schreber had visions in which certain stars or constellations of stars were lost. 'Whereas these visions occurred at night, I thought I could notice during the day the sun following my movements; if I walked to and fro in the one-windowed room which I occupied at the time, I could observe the sunshine corresponding to my movements, sometimes on the right wall, sometimes on the left wall. . . . It is difficult for me to regard as an illusion of my senses this observation, which, as mentioned, I made during the daytime; the more so, as I remember calling this observation, *which naturally horrified me*, to the attention of Dr. Tauscher, the assistant physician, on the occasion of one of his visits' (*Denkwürdigkeiten eines Nervenkranken*, p. 70). At this point I want to stress that Dr. Tauscher, who was Professor Flechsig's first assistant, is mentioned in Schreber's autobiography a number of times. Schreber ascribes to Dr. Tauscher an influence similar to that of Professor Flechsig. Clearly, Dr. Tauscher was a substitute for Professor Flechsig and, as such, strongly aroused Schreber's sexual feelings. Of course, if Dr. Tauscher had not been present in person, the same situation might still have arisen as a result of Schreber's imagination.

Had this process been allowed to continue in the sphere of reality, Schreber would have been confronted with the danger of an erection and would have had to think continually about his penis. In anticipation of this danger, a hallucination was developed, the content of which we are now ready to examine.

The observation that the sun followed his movements '*naturally horrified*' Schreber. What was the meaning of the sun? According to Schreber, the sun and the stars were God's organs through which He created wonders on earth. For instance, He had at one time impregnated Schreber. Thus we may conclude that to Schreber the sun and the stars were God's genitals. Yet God obtained His power from the souls of the deceased. In the hereafter Schreber's soul would undergo a process of purification, at the conclusion of which his soul would attain a state of feminine bliss in beholding God. During the process of purification, a soul loses its masculinity, which goes to enrich God. It becomes clear, therefore, that God's organs, namely, the sun and the stars, were projections of Schreber's own genitals.

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[1] Read at the 17th International Psycho-Analytical Congress, Amsterdam, 1951.

The sun and the stars have yet another meaning. May I digress here briefly. Schreber told of a group of voices belonging to what he called the 'Cassiopeia brethren'—souls which 'hung' under the constellation Cassiopeia and which on earth had been members of the student organization 'Saxonia'. These souls attempted to influence Schreber. They urged him to prove his masculine courage by beating the attendants; they sneered at him that he lacked the courage to commit suicide, etc. Schreber, in conversing with Flechsig's soul, asked continually for potassium cyanide or strychnine in order to poison himself. Flechsig's soul, in hypocritical fashion, agreed to prescribe the poison on condition that Schreber would drink it. When Flechsig the physician came to see him, however, he (Flechsig) refused to have anything to do with the giving of poison. The voices told Schreber that Professor Flechsig, too, had once been a member of the 'Saxonia'.

Who exactly were meant by the 'Cassiopeia brethren'? The fact that both Flechsig and the 'Cassiopeia brethren' belonged to the student organization 'Saxonia' is evidence that Schreber had in mind a particular group of people, among whom was Flechsig. Furthermore, the sneering of the 'Cassiopeia brethren' that Schreber's masculine courage failed him is evidence that Schreber was resorting to the code of honour of the German student organization 'Saxonia', according to which code one is called upon continually to prove one's courage. To this code can be traced the idea of living up to certain moralistic principles, as laid down by the voices, as well as Flechsig's hypocrisy in saying that he would prescribe the poison only on condition that Schreber would agree to take it. Clearly, the sneers of the 'Cassiopeia brethren' and Flechsig's hypocrisy are projections of Schreber's own doubt as to his courage to fight the attendants or to commit suicide as an alternative. With reference to the 'duels' among students, we may consider these as being both a defence against the homosexual tendencies prevalent among members of these student organizations, and also an outlet for such tendencies. The same traits of pugnaciousness and homosexual attraction characterize Schreber's relations with the male attendants. It is highly probable, therefore, that the 'Cassiopeia brethren' symbolize these attendants. This conclusion is supported by the further fact that in Germany a male attendant is called a 'brother' and a female nurse a 'sister'. Here it is pertinent to remark that according to the language of the nerves, Schreber was to be abused sexually by Flechsig, but there was a certain period of time when the voices also told Schreber that he would be abused by the attendants as well. All these points, together with the fact that Schreber considered both Flechsig and the Cassiopeia brethren as belonging to the 'Saxonia', lead us to conclude that the attendants are the same as the 'Cassiopeia brethren'.

Finally, we may ask which particular personality was symbolized by the sun. Being the most prominent of the heavenly bodies, the sun clearly symbolizes the over-all importance of Flechsig.

To recapitulate: The sun following his movements '*naturally horrified*' Schreber. The sun symbolizes both Schreber's own penis and the person of Flechsig. The sun's movements in following Schreber symbolize the movements of Schreber's penis under the influence of his sexual excitement and seem to arouse in him anxiety, just as would have been the case if his penis had reacted. Also, because the sun is a symbol for Flechsig, the sun's movements in following Schreber are evidence of Schreber's inability to rid himself of Flechsig.

Schreber's horror at the abnormal behaviour of the sun forms a new feature of the hallucination. How do we explain this anxiety, which occurs notwithstanding the fact that the hallucination is a discharge of energy in an effort to keep the energy from becoming dangerous? In my opinion, this anxiety demonstrates the relative weakness of the defensive side of the hallucination. The formation process of the hallucination consists of two phases. The first is the withdrawal of energy from Schreber's non-psychotic relationship with Flechsig (or with Flechsig's substitutes). The attraction exerted by Flechsig, especially when he was present, was so powerful that it formed a strong resistance to this withdrawal. The second phase is the formation of the hallucination itself. Obviously the content of the hallucination—the displacement of the movements of the penis by the movements of the sun—is an indication of the intensity of this struggle by bearing too close a resemblance to the original.

We may conceive of this process in the following manner. Schreber's attachment to Flechsig is so strong that it forms a resistance to the withdrawal of energy. It is clear that this resistance prevents as much energy as possible from being withdrawn. There will then remain in the unconscious of the non-psychotic layer a certain cathexis of the attachment to Flechsig, and this attachment will still constitute a danger to the ego. As a result, only those ideas that are closely connected with the danger situation will lose their cathexis, and ideas bearing less resemblance to the original will remain cathected, i.e. within the sphere of reality. These latter ideas, because they do not lose their cathexis, do not become available for use by the attempt at restitution in forming the hallucination. Here we are reminded to a certain extent of the functioning of repression. An idea that is sufficiently remote from the repressed thought may serve as a compromise; i.e. the ego allows this remote idea to become conscious, notwithstanding that it also represents the id. This process is quite different from its psychotic counterpart. In the psychotic process, an idea does not lose its cathexis when it is remote from the danger situation, and therefore it cannot be utilized by the attempt at restitution.

The withdrawn energy is used by the attempt at restitution in forming the hallucination, the content of which still bears too close a resemblance to the danger. At the same time as the hallucination is formed, the non-psychotic ego reacts with anxiety because in the unconscious there still remains a remnant of the sexual desire for Flechsig. The anxiety, therefore, has a true phobic nature. Because this remnant of sexual desire is relatively small, it can be kept ineffective by the anxiety attack. It is amazing that the anxiety which the ego experiences in relation to the hallucination is formed, not by the psychotic, but by the non-psychotic part of the ego in order to ward off a non-psychotic unconscious attachment to Flechsig. Here we observe neurotic and psychotic parts of the personality working in close cooperation to overcome the danger !

We see that the schizophrenic hallucination and the neurotic phobia have one trait in common: both are based on an anticipation of danger. The phobic anxiety is formed by the ego and, as described by Freud, serves the purpose of inhibiting further development in the direction of the danger. As a result of this anxiety formation, the situation in the id remains unchanged. The phobic mechanism, therefore, is *not* a discharge phenomenon.

In contrast to the phobia, the hallucination is not regularly accompanied by anxiety. The first phase of the hallucination, namely, the withdrawal of energy, interferes seriously with the id as well as with the ego. Cathexes of both ego- and id-material are withdrawn, thus changing the structure completely. The content of the hallucination consists of an idea which is recathected and behind which there is no unconscious hidden.

I want to discuss another feature of the hallucination. Schreber retained memories which led him to believe that for a time he had existed in a second, inferior shape in possession of a lesser intellect. Voices told him of the previous existence of another Daniel Paul Schreber who had been much more gifted mentally than he (Schreber) was. Since Schreber knew beyond a doubt that none of his forebears had been named Daniel Paul Schreber, he concluded that this name could refer only to himself when he was in complete possession of all his mental faculties. 'In the second, inferior shape I must have, if I may use the expression, quietly passed one day; I remember that I was lying in bed in a room which I cannot now recall as resembling any of the rooms familiar to me while at Flechsig's Clinic and that I was clearly conscious of a gradual extinction of my soul—an experience, by the way, which was similar to a peaceful dozing across into death, except for depressing memories of my wife, of whom I thought much during those moments. On the other hand, there was a time when the souls who were in nerve-connection with me spoke of a plurality of heads (i.e. a number of individualities in the same head) which they encountered in me and from which they drew back, as though frightened, with the utterance,

" Why, for heaven's sake, that is a man with a number of heads! " ' (*Denkwürdigkeiten eines Nervenkranken*, pp. 72 and 73).

This group of hallucinations contains a number of self-observations. In contrast to the previous hallucinations, which were concerned with the destruction of the starry sky, these later hallucinations portray severe damage to Schreber himself.

Let us consider two of these later hallucinations, namely, (1) that Schreber had existed for a time as an inferior shape, and (2) that subsequently this shape passed peacefully out of existence.

It was difficult for Schreber to understand how the Daniel Paul Schreber who figured in the first hallucination, a man no longer in possession of his complete mental faculties, could refer to himself—a sign, presumably, that he was already estranged from his former personality. Obviously, this feeling of estrangement served as a defence to prevent the outbreak of anxiety following his awareness of the loss of his capabilities. The second hallucination, too, is accompanied by feelings of estrangement, not about his own personality but about his environment—his room. Fortunately, in another chapter of his autobiography (Chapter VII, p. 81) Schreber gives an explanation of his death. He states that he remembers reading in a daily paper about the middle of March, 1894, an announcement of his own death. He regarded this as an omen that he could no longer expect to return to human society.

This explanation of Schreber's enables us to understand the meaning of the content of these two hallucinations : Schreber, in the shape in which he now exists, can neither return to human society again nor reacquire the personality he had when he lived in that society. We already know why a return to one of these former states is impossible: the danger caused by his homosexual feelings prevents such a return. Had Schreber experienced these self-observations with accompanying feelings of depersonalization, he would have become aware that his defences against the danger were too weak. Therefore, whenever the danger approaches, the hallucinatory process interferes. Schreber's remark about depressing memories of his wife shows that she, too, was not of sufficient importance to him to be of any protective help against his homosexual feelings.

The third hallucination—that of the souls drawing back as though they were frightened at the sight of a man with a plurality of heads—plainly shows that under non-psychotic conditions a self-observation would have been made of the disintegration of the personality into separate parts, each part representing a personality in itself. Such a process might be interpreted as a disintegration into separate identifications. We may assume that the disintegration of the personality would lead to a weakening of the defence against the homosexual urge, with the result that an outbreak of anxiety would accompany the self-observation. In Schreber's case this non-psychotic reaction never occurred, for the obvious reason that it would not guarantee a strong enough defence against the homosexual urge. In the psychotic process, however, the hallucination is formed in the face of the approaching danger, the hallucination also serving to direct interest into channels far removed from the sexual area. Because in the hallucination the observation of the disintegration was not made by Schreber himself, but by the souls, the accompanying anxiety had also to be experienced by the souls.

In this second group of hallucinations we see demonstrated a very important feature. Their contents reveal defence mechanisms of the non-psychotic layer that were never used by Schreber. The various defences were too weak and for that reason could not be used to ward off the danger. It is the task of this second group of hallucinations to ward off a danger that cannot be fought successfully by the depersonalizations or by an anxiety attack.

THE ORIGINS OF TRANSFERENCE[1]

By MELANIE KLEIN, London

In his *Fragment of an Analysis of a Case of Hysteria* Freud defines the transference situation in the following way :—

> What are transferences? They are new editions or facsimiles of the tendencies and phantasies which are aroused and made conscious during the progress of the analysis; but they have this peculiarity, which is characteristic for their species, that they replace some earlier person by the person of the physician. To put it another way: a whole series of psychological experiences are revived, not as belonging to the past, but as applying to the physician at the present moment.

In some form or other transference operates throughout life and influences all human relations, but here I am only concerned with the manifestations of transference in psycho-analysis. It is characteristic of psycho-analytic procedure that, as it begins to open up roads into the patient's unconscious, his past (in its conscious and unconscious aspects) is gradually being revived. Thereby his urge to transfer his early experiences, object-relations and emotions, is reinforced and they come to focus on the psycho-analyst; this implies that the patient deals with the conflicts and anxieties which have been reactivated, by making use of the same mechanisms and defences as in earlier situations.

It follows that the deeper we are able to penetrate into the unconscious and the further back we can take the analysis, the greater will be our understanding of the transference. Therefore a brief summary of my conclusions about the earliest stages of development is relevant to my topic.

The first form of anxiety is of a persecutory nature. The working of the death instinct within—which according to Freud is directed against the organism—gives rise to the fear of annihilation, and this is the primordial cause of persecutory anxiety. Furthermore, from the beginning of post-natal life (I am not concerned here with pre-natal processes) destructive impulses against the object stir up fear of retaliation. These persecutory feelings from inner sources are intensified by painful external experiences, for, from the earliest days onwards, frustration and discomfort arouse in the infant the feeling that he is being attacked by hostile forces. Therefore the sensations experienced by the infant at birth and the difficulties of adapting himself to entirely new conditions give rise to persecutory anxiety. The comfort and care given after birth, particularly the first feeding experiences, are felt to come from good forces. In speaking of 'forces' I am using a rather adult word for what the young infant dimly conceives of as objects, either good or bad. The infant directs his feelings of gratification and love towards the 'good' breast, and his destructive impulses and feelings of persecution towards what he feels to be frustrating, i.e. the 'bad' breast. At this stage splitting processes are at their height, and love and hatred as well as the good and bad aspects of the breast are largely kept apart from one another. The infant's relative security is based on turning the good object into an ideal one as a protection against the dangerous and persecuting object. These processes—that is to say splitting, denial, omnipotence and idealization—are prevalent during the first three or four months of life (which I termed the 'paranoid-schizoid position' (1946)). In these ways at a very early stage persecutory anxiety and its corollary, idealization, fundamentally influence object relations.

The primal processes of projection and introjection, being inextricably linked with the infant's emotions and anxieties, initiate object-relations; by projecting, i.e. deflecting libido and aggression on to the mother's breast, the basis for object-relations is established; by introjecting the object, first of all the breast, relations to internal objects come into being. My use of the term 'object-relations' is based on my contention that the infant has from the beginning of post-natal life a relation to the mother (although focusing primarily on her breast) which is imbued with the fundamental elements of an object-relation, i.e. love, hatred, phantasies, anxieties, and defences.[3]

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[1] Read at the 17th International Psycho-Analytical Congress, Amsterdam, August, 1951.

[2] 1905. Contained in *Collected Papers*, 3, p. 139.

In my view—as I have explained in detail on other occasions—the introjection of the breast is the beginning of superego formation which extends over years. We have grounds for assuming that from the first feeding experience onwards the infant introjects the breast in its various aspects. The core of the superego is thus the mother's breast, both good and bad. Owing to the simultaneous operation of introjection and projection, relations to external and internal objects interact. The father too, who soon plays a role in the child's life, early on becomes part of the infant's internal world. It is characteristic of the infant's emotional life that there are rapid fluctuations between love and hate; between external and internal situations; between perception of reality and the phantasies relating to it; and, accordingly, an interplay between persecutory anxiety and idealization—both referring to internal and external objects; the idealized object being a corollary of the persecutory, extremely bad one.

The ego's growing capacity for integration and synthesis leads more and more, even during these first few months, to states in which love and hatred, and correspondingly the good and bad aspects of objects, are being synthesized; and this gives rise to the second form of anxiety—depressive anxiety—for the infant's aggressive impulses and desires towards the bad breast (mother) are now felt to be a danger to the good breast (mother) as well. In the second quarter of the first year these emotions are reinforced, because at this stage the infant increasingly perceives and introjects the mother as a person. Depressive anxiety is intensified, for the infant feels he has destroyed or is destroying a whole object by his greed and uncontrollable aggression. Moreover, owing to the growing synthesis of his emotions, he now feels that these destructive impulses are directed against a *loved person*. Similar processes operate in relation to the father and other members of the family. These anxieties and corresponding defences constitute the 'depressive position', which comes to a head about the middle of the first year and whose essence is the anxiety and guilt relating to the destruction and loss of the loved internal and external objects.

It is at this stage, and bound up with the depressive position, that the Oedipus complex sets in. Anxiety and guilt add a powerful impetus towards the beginning of the Oedipus complex. For anxiety and guilt increase the need to externalize (project) bad figures and to internalize (introject) good ones; to attach desires, love, feelings of guilt, and reparative tendencies to some objects, and hate and anxiety to others; to find representatives for internal figures in the external world. It is, however, not only the search for new objects which dominates the infant's needs, but also the drive towards new aims: away from the breast towards the penis, i.e. from oral desires towards genital ones. Many factors contribute to these developments: the forward drive of the libido, the growing integration of the ego, physical and mental skills and progressive adaptation to the external world. These trends are bound up with the process of symbol formation, which enables the infant to transfer not only interest, but also emotions and phantasies, anxiety and guilt, from one object to another.

The processes I have described are linked with another fundamental phenomenon governing mental life. I believe that the pressure exerted by the earliest anxiety situations is one of the factors which bring about the repetition compulsion. I shall return to this hypothesis at a later point.

Some of my conclusions about the earliest stages of infancy are a continuation of Freud's discoveries; on certain points, however, divergencies have arisen, one of which is very relevant to my present topic. I am referring to my contention that object-relations are operative from the beginning of post-natal life.

For many years I have held the view that auto-erotism and narcissism are in the young infant contemporaneous with the first relation to objects—external and internalized. I shall briefly restate my hypothesis: auto-erotism and narcissism include the love for and relation with the internalized good object which in phantasy forms part of the loved body and self. It is to this internalized object that in auto-erotic gratification and narcissistic *states* a withdrawal takes place. Concurrently, from birth onwards, a relation to objects, primarily the mother (her breast) is present. This hypothesis contradicts Freud's concept of auto-erotic and narcissistic *stages* which preclude an object-relation. However, the difference between Freud's view and my own is less wide than appears at first sight, since Freud's statements on this issue are not unequivocal. In various contexts he explicitly and implicitly expressed opinions which suggested a relation to an object, the mother's breast, *preceding* auto-erotism and narcissism. One reference must suffice; in the first of two Encyclopaedia articles,[4] Freud said;

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[3] It is an essential feature of this earliest of all object-relations that it is the prototype of a relation between *two* people into which no other object enters. This is of vital importance for later object-relations, though in that exclusive form it possibly does not last longer than a very few months, for the phantasies relating to the father and his penis—phantasies which initiate the early stages of the Oedipus complex—introduce the relation to more than one object. In the analysis of adults and children the patient sometimes comes to experience feelings of blissful happiness through the revival of this early exclusive relation with the mother and her breast. Such experiences often follow the analysis of jealousy and rivalry situations in which a third object, ultimately the father, is involved.

> In the first instance the oral component instinct finds satisfaction by attaching itself to the sating of the desire for nourishment; and its object is the mother's breast. It then detaches itself, becomes independent and at the same time *auto-erotic*, that is, it finds an object in the child's own body.

Freud's use of the term object is here somewhat different from my use of this term, for he is referring to the object of an instinctual aim, while I mean, in addition to this, an object-relation involving the infant's emotions, phantasies, anxieties, and defences. Nevertheless, in the sentence referred to, Freud clearly speaks of a libidinal attachment to an object, the mother's breast, which precedes auto-erotism and narcissism.

In this context I wish to remind you also of Freud's findings about early identifications. In *The Ego and the Id*,[5] speaking of abandoned object cathexes, he said; '.... the effects of the first identification in earliest childhood will be profound and lasting. This leads us back to the origin of the ego-ideal; ....' Freud then defines the first and most important identifications which lie hidden behind the ego-ideal as the identification with the father, or with the parents, and places them, as he expresses it, in the 'pre-history of every person'. These formulations come close to what I described as the first introjected objects, for by definition identifications are the result of introjection. From the statement I have just discussed and the passage quoted from the Encyclopaedia article it can be deduced that Freud, although he did not pursue this line of thought further, did assume that in earliest infancy both an object and introjective processes play a part.

That is to say, as regards auto-erotism and narcissism we meet with an inconsistency in Freud's views. Such inconsistencies which exist on a number of points of theory clearly show, I think, that on these particular issues Freud had not yet arrived at a final decision. In respect of the theory of anxiety he stated this explicitly in *Inhibitions, Symptoms and Anxiety*.[6] His realization that much about the early stages of development was still unknown or obscure to him is also exemplified by his speaking of the first years of the girl's life as '.... lost in a past so dim and shadowy ....'[7]

I do not know Anna Freud's view about this aspect of Freud's work. But, as regards the question of auto-erotism and narcissism, she seems only to have taken into account Freud's conclusion that an auto-erotic and a narcissistic stage precede object-relations, and not to have allowed for the other possibilities implied in some of Freud's statements such as the ones I referred to above. This is one of the reasons why the divergence between Anna Freud's conception and my conception of early infancy is far greater than that between Freud's views, taken as a whole, and my views. I am stating this because I believe it is essential to clarify the extent and nature of the differences between the two schools of psycho-analytic thought represented by Anna Freud and myself. Such clarification is required in the interests of psycho-analytic training and also because it could help to open up fruitful discussions between psycho-analysts and thereby contribute to a greater general understanding of the fundamental problems of early infancy.

The hypothesis that a stage extending over several months precedes object-relations implies that—except for the libido attached to the infant's own body—impulses, phantasies, anxieties, and defences either are not present in him, or are not related to an object, that is to say they would operate *in vacuo*. The analysis of very young children has taught me that there is no instinctual urge, no anxiety situation, no mental process which does not involve objects, external or internal; in other words, object-relations are at the *centre* of emotional life. Furthermore, love and hatred, phantasies, anxieties, and defences are also operative from the beginning and are *ab initio* indivisibly linked with object-relations. This insight showed me many phenomena in a new light.

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[4] 'Psycho-Analysis', 1922. Contained in *Collected Papers*, 5, p. 119.

[5] P. 39. On the same page Freud suggests—still referring to these first identifications—that they are a direct and immediate identification which takes place earlier than any object cathexis. This suggestion seems to imply that introjection even precedes object-relations.

[6] 1926. Chapter 8, p. 96.

[7] 1931. 'Female Sexuality'; contained in *Collected Papers*, 5, p. 254.

I shall now draw the conclusion on which the present paper rests: I hold that transference originates in the same processes which in the earliest stages determine object-relations. Therefore we have to go back again and again in analysis to the fluctuations between objects, loved and hated, external and internal, which dominate early infancy. We can fully appreciate the interconnection between positive and negative transferences only if we explore the early interplay between love and hate, and the vicious circle of aggression, anxieties, feelings of guilt and increased aggression, as well as the various aspects of objects towards whom these conflicting emotions and anxieties are directed. On the other hand, through exploring these early processes I became convinced that the analysis of the negative transference, which had received relatively little attention [8] in psycho-analytic technique, is a precondition for analysing the deeper layers of the mind. The analysis of the negative as well as of the positive transference and of their interconnection is, as I have held for many years, an indispensable principle for the treatment of all types of patients, children and adults alike. I have substantiated this view in most of my writings from 1927 onwards..

This approach, which in the past made possible the psycho-analysis of very young children, has in recent years proved extremely fruitful for the analysis of schizophrenic patients. Until about 1920 it was assumed that schizophrenic patients were incapable of forming a transference and therefore could not be psycho-analysed. Since then the psycho-analysis of schizophrenics has been attempted by various techniques. The most radical change of view in this respect, however, has occurred more recently and is closely connected with the greater knowledge of the mechanisms, anxieties, and defences operative in earliest infancy. Since some of these defences, evolved in primal object-relations against both love and hatred, have been discovered, the fact that schizophrenic patients are capable of developing both a positive and a negative transference has been fully understood; this finding is confirmed if we consistently apply in the treatment of schizophrenic patients [9] the principle that it is as necessary to analyse the negative as the positive transference—that in fact the one cannot be analysed without the other.

Retrospectively it can be seen that these considerable advances in technique are supported in psycho-analytic theory by Freud's discovery of the Life and Death instincts, which has fundamentally added to the understanding of the origin of ambivalence. Because the Life and Death instincts, and therefore love and hatred, are at bottom in the closest interaction, negative and positive transference are basically interlinked.

The understanding of earliest object-relations and the processes they imply has essentially influenced technique from various angles. It has long been known that the psycho-analyst in the transference situation may stand for mother, father, or other people, that he is also at times playing in the patient's mind the part of the superego, at other times that of the id or the ego. Our present knowledge enables us to penetrate to the specific details of the various roles allotted by the patient to the analyst. There are in fact very few people in the young infant's life, but he feels them to be a multitude of objects because they appear to him in different aspects. Accordingly, the analyst may at a given moment represent a part of the self, of the superego or any one of a wide range of internalized figures. Similarly it does not carry us far enough if we realize that the analyst stands for the actual father or mother, unless we understand which aspect of the parents has been revived. The picture of the parents in the patient's mind has in varying degrees undergone distortion through the infantile processes of projection and idealization, and has often retained much of its phantastic nature. Altogether, in the young infant's mind every external experience is interwoven with his phantasies and on the other hand every phantasy contains elements of actual experience, and it is only by analysing the transference situation to its depth that we are able to discover the past both in its realistic and phantastic aspects. It is also the origin of these fluctuations in earliest infancy which accounts for their strength in the transference, and for the swift changes—sometimes even within one session—between father and mother, between omnipotently kind objects and dangerous persecutors, between internal and external figures. Sometimes the analyst appears simultaneously to represent both parents—in that case often in a hostile alliance against the patient, whereby the negative transference acquires great intensity. What has then been revived or has become manifest in the transference is the mixture in the patient's phantasy of the parents as one figure, the 'combined parent figure' as I described it elsewhere.[10] This is one of the phantasy formations characteristic of the earliest stages of the Oedipus complex and which, if maintained in strength, is detrimental both to object-relations and sexual development. The phantasy of the combined parents draws its force from another element of early emotional life—i.e. from the powerful envy associated with frustrated oral desires. Through the analysis of such early situations we learn that in the baby's mind when he is frustrated (or dissatisfied from inner causes) his frustration is coupled with the feeling that another object (soon represented by the father) receives from the mother the coveted gratification and love denied to himself at that moment. Here is one root of the phantasy that the parents are combined in an everlasting mutual gratification of an oral, anal, and genital nature. And this is in my view the prototype of situations of both envy and jealousy.

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[8] This was largely due to the undervaluation of the importance of aggression.

[9] This technique is illustrated by H. Segal's paper, 'Some Aspects of the Analysis of a Schizophrenic' (*Int. J. Psycho-Anal.*, **31**, 1950), and H. Rosenfeld's papers, 'Notes on the Psycho-Analysis of the Super-ego Conflict of an Acute Schizophrenic Patient' (*Int. J. Psycho-Anal.*, **33**, 1952) and 'Transference Phenomena and Transference Analysis in an Acute Catatonic Schizophrenic Patient' (see this volume, 457–464).

There is another aspect of the analysis of transference which needs mentioning. We are accustomed to speak of the transference *situation*. But do we always keep in mind the fundamental importance of this concept? It is my experience that in unravelling the details of the transference it is essential to think in terms of *total situations* transferred from the past into the present, as well as of emotions, defences, and object-relations.

For many years—and this is up to a point still true today—transference was understood in terms of direct references to the analyst in the patient's material. My conception of transference as rooted in the earliest stages of development and in deep layers of the unconscious is much wider and entails a technique by which from the whole material presented the *unconscious elements* of the transference are deduced. For instance, reports of patients about their everyday life, relations, and activities not only give an insight into the functioning of the ego, but also reveal—if we explore their unconscious content—the defences against the anxieties stirred up in the transference situation. For the patient is bound to deal with conflicts and anxieties re-experienced towards the analyst by the same methods he used in the past. That is to say, he turns away from the analyst as he attempted to turn away from his primal objects; he tries to split the relation to him, keeping him either as a good or as a bad figure; he deflects some of the feelings and attitudes experienced towards the analyst on to other people in his current life, and this is part of 'acting out'.[11]

In keeping with my subject matter, I have predominantly discussed here the earliest experiences, situations, and emotions from which transference springs. On these foundations, however, are built the later object-relations and the emotional and intellectual developments which necessitate the analyst's attention no less than the earliest ones; that is to say, our field of investigation covers *all* that lies between the current situation and the earliest experiences. In fact it is not possible to find access to earliest emotions and object-relations except by examining their vicissitudes in the light of later developments. It is only by linking again and again (and that means hard and patient work) later experiences with earlier ones and *vice versa*, it is only by consistently exploring their interplay, that present and past can come together in the patient's mind. This is one aspect of the process of integration which, as the analysis progresses, encompasses the whole of the patient's mental life. When anxiety and guilt diminish and love and hate can be better synthesized, splitting processes—a fundamental defence against anxiety—as well as repressions lessen while the ego gains in strength and coherence; the cleavage between idealized and persecutory objects diminishes; the phantastic aspects of objects lose in strength; all of which implies that unconscious phantasy life—less sharply divided off from the unconscious part of the mind—can be better utilized in ego activities, with a consequent general enrichment of the personality. I am touching here on the *differences*—as contrasted with the similarities—between transference and the first object-relations. These differences are a measure of the curative effect of the analytic procedure.

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[10] See *Psycho-Analysis of Children*, particularly Chapters 8 and 11.

[11] The patient may at times try to escape from the present into the past rather than realize that his emotions, anxieties, and phantasies are at the time operative in full strength and focused on the analyst. At other times, as we know, the defences are mainly directed against re-experiencing the past in relation to the original objects.

I suggested above that one of the factors which bring about the repetition compulsion is the pressure exerted by the earliest anxiety situations. When persecutory and depressive anxiety and guilt diminish, there is less urge to repeat fundamental experiences over and over again, and therefore early patterns and modes of feelings are maintained with less tenacity. These fundamental changes come about through the consistent analysis of the transference; they are bound up with a deep-reaching revision of the earliest object-relations and are reflected in the patient's current life as well as in the altered attitudes towards the analyst.

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METAPSYCHOLOGICAL CONSIDERATIONS ON THE CONCEPT OF WORK*

By BARBARA LANTOS, London

In an earlier paper, called 'On Work and the Instincts',[1] I expressed the observation that although in our analytical practice disturbances of working capacity come next in importance to disturbances of sexuality—the question of what work is, is not treated as a problem. We look upon work as an obvious necessity, the mastering of which is a proof of good adaptation to reality, whereas its neurotic disturbances indicate failure in this adaptation.

I was impressed to find the same considerations in Hendrick's paper on 'Work and the Pleasure Principle'[2] where he says: 'Work itself remains a challenging problem. Though working capacity is obviously a most important result of normal ego-organization, its essential contribution to biological survival, its utility to the individual and to society have been taken more or less for granted when no pathology is involved. Work has naturally been accepted by analysts as an essential function which is automatically restored when a neurosis is successfully treated rather than being itself the subject for intensive psychological analysis'.

In a recent paper on the 'Psychopathology of Work'[3] Oberndorf gives some metapsychological considerations to the concepts of work and play and their interdependence. His paper is concerned, however, with clinical aspects. It was gratifying to find that his theoretical considerations are running on lines similar to those which were expressed in my previous paper.

Hendrick, in his paper, formulates the problem in metapsychological terms, when asking: 'What instinct provides the energy and the need to exercise the physiological organs available for work and hence leads to the development of the integrated functions of the ego? We have assumed—says Hendrick—that all executant functions at any age are responses to an instinct differing in its goal, purpose, and pleasure-mechanism from the libido and have chosen to call this the "*instinct to master*" or "mastery-instinct."'

What Hendrick, in his exposition, calls the partial ego-functions, and executant functions of the ego, covers, to my mind, those parts of the mental apparatus which Hartmann called the autonomous ego—and with this part of his assumptions one certainly agrees; but one is somehow concerned about the disruption of the Instinct Theory, when one finds a new basic instinct added to the interplay between Eros and aggression. The existence of an instinct to master, as a component instinct, is postulated by Freud in his *Three Essays on the Theory of Sexuality*, and its far-reaching implications should not be denied; its elevation by Hendrick to a basic instinct, of the same order as libido and aggression, is probably due to the attempt to explain structural phenomena in dynamic terms.

However, a short discussion cannot be adequate. In any case, I am indebted to Hendrick's papers and in addition to the work done by Anna Freud, Eduard Bibring, Hartmann, Kris, and Loewenstein, for reviving my interest in some older ideas of mine and for stimulating the wish to reformulate them in the light of structural psychology, which is the aim of this paper.

Our first consideration is that work is not primarily a psychological but a sociological concept. Man, with the exception of a Robinson Crusoe, has never worked on his own, but in groups—in primitive society in the family group. In sociological tenets, work is characterized as an essentially human activity. Work starts with the making of tools. Animal existence—gathering food by teeth and claws and resting in a cave—changes into human existence, by eliciting from Nature tools and weapons and by conquering Nature with their help.

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* Read at the 17th International Psycho-Analytic Congress, Amsterdam, 1951, as a Preliminary Communication.

[1] Read in 1938 at the International Psycho-Analytical Congress in Paris. Published 1943 in *Int. J. Psycho-Anal.*

[2] *Psa. Quarterly* 1943 and referred to again in his recent paper: 'Early Development of the Ego', publ. in *Psa. Quarterly*, 1951.

[3] *Bulletin of the Menninger Clinic*, 1951.

Sociology, as the science of human society, builds its definition of work on the common use of the expression 'work'. It gives rise, however, to some confusion, when the term, borrowed by other sciences and used somewhat metaphorically, is taken at its face value. When physiology uses the expression: an organ 'works', it actually means 'functions', indicating the good functioning of an organ, serving the needs of the whole organism. Even some metapsychological meaning can be attributed to this usage, hinting at a secondary elaboration of the organ-function, integrating it into ego-activity when considering the interests of the organism as a whole. Hendrick's emphasis on high skill, mastery, efficiency, as being characteristic of a work-performance implies a similar consideration.

To return to sociology: There, work is defined as the sum-total of activities by which men of all ages have procured the ways and means to gratify their innate needs or culturally developed demands—protection against danger being most significant amongst them. Could not—on the way to psychology—the biological concept of self-preservation be of some use? When we maintain that work covers highly integrated ego-activities, serving self-preservation, we certainly keep near to observable facts. Further, we have established a good distinction from another highly integrated ego-activity, namely *play*. The issue is, however, theoretically and especially metapsychologically, that primary bodily functions, such as eating, grasping, defecating, walking, talking, which certainly serve self-preservation, cannot be called work, neither according to common usage nor to the sociological definition. When Hendrick says that 'a well-done-job' of defecation yields work-pleasure, he is alluding to a certain characteristic of work-performance, namely efficiency; still, it seems to be of little help, when trying to find a fitting definition, to call defecation work. Actually, the dichotomy between bodily function, expressing instinctual needs and their gratifications, and the activities providing the means for this gratification, will be one of the basic considerations of this paper.

On the other hand, activities performed in order to gratify innate needs and tendencies, carried out against environmental resistances, and in defence against danger, are certainly not specific of Man, but a basic characteristic of all living matter, including plants. The innate tendency of growth by assimilation is the very essence of life, i.e. Eros, and the resistance offered by the environment is overcome by the growing plant in turning towards the light, and growing through stones and walls with remarkable strength, i.e. aggression. To gratify needs and avoid dangers by the inclusion of a mental apparatus, from the simple reflex arc to the complicated mental apparatus of *Homo sapiens*, is the line of evolution in the animal world. But whereas, with the animal, need, urge, activity, and gratification follow each other in an *unbroken* sequence—that is, the instinctual need, say hunger, activates the urge to gather food, to capture the prey and devour it, which amounts to satisfaction—this sequence is *broken* with the human being. Here, hunger is followed by eating—but the activities of procuring food, etc., are carried out outside the sequence and have lost their connection with the original need. These activities which have broken loose from the instinctual drive have much to do with the concept of work, as will be explained later, and the question will be, what instinctual drives provide the dynamic forces for these work-activities.

It seems that the much-discussed problem of the difference between animal instincts and human drives finds its most striking expression in work. Animals live by instincts, that is, by inborn mechanisms of stereotyped actions. The admirable, 'humanlike' activities and lasting constructions of the social insects, bees, ants, and termites should not mislead us into overlooking the decisive fact that, even with the social insects, the instinct acts in an unmodified, inborn fashion.

Intelligence, the ability to modify instinctual responses by experience, memory, and learning, perception, and integration, must be presumed to be present in higher animals. Accordingly, we have to recognize some of their activities as genuine ego-activities, yielding not only libidinal pleasure, in gratifying the instinctual urge, but showing signs of achievement-pleasure, that is: pleasure in performing the task well. What Hendrick calls work-pleasure is, to my mind, this pleasure in achievement, which is an ego-reaction; distinct from libidinal pleasure, which is a reaction originating in the id, even if accepted by the ego; and Hendrick's work-principle is the principle of well-adapted functioning, dealing with the highest demands of efficiency. It should be suggested, however, that just those parts of the system ego, which Hartmann calls the autonomous ego, Hendrick the partial ego-functions and the executant ego, are, in varying degrees, present in the mental apparatus of the higher animals, too. Whereas the defensive functions of the ego, aiming at modification of primitive instinctual forces by means of aim-inhibition, sublimation, and reversal (turning inwards) are essentially the human ego's functions, being the most staggering aspect of human mental development.

For, however 'intelligent' animals may be, their activities, except under human pressure or influence, will always be direct responses to the need, that is, instinctual responses. Speaking in teleological terms : Self-preservation and the preservation of the race will always be carried out on instincts, or, for that purpose, will fail on it.

When following the evolutional line up to Man, we may remember the Bible ; there we are told, and, it seems, with some psychological wisdom, how Man came to differ from the animals, the happy creatures of the garden of Eden. Man wanted to *know,* to be like God ; he had eaten of the forbidden tree of knowledge and provoked the wrath of God. 'In sorrow you shall bear your children', said the Lord to Eve, and to Adam he said : 'In the sweat of your brow you shall eat your bread.' There is psychological wisdom in the linking of the two punishments, too. The human way of bearing and rearing children in a long period of dependence is the precondition for developing the capacities necessary for Adam's work.

This assessment of work as toil, as hardship, is not limited to the Bible. Common use will confirm it. To gain pleasure by work, to enjoy one's work is considered a happy, but not the guaranteed, state of affairs. There is, of course, an infinite variety of work-activities, and there are infinite varieties in their pleasure-value, but when all is said and done, work is not done for joy ; it is a duty, it *has* to be done. Work has to be done, in order to procure the objects of gratification, which, as already pointed out, are not provided by activities within the instinctual sequence.

In infancy, during the long period of dependence, the objects of gratification are given by the parents. In that way the sequence 'hunger—food-procuring activities—gratification' is not only broken, but the energies connected with these activities, with all their archaic potentialities, are set free and out of use. What will happen to them ?

One should be aware of the fact that the answer to this question belongs to the oldest equipment of analytical theory. We have only to integrate it into a definite context.

It should be further remembered that, as a compensation for the lost fur, claws, teeth, and bulky muscles, the structure Ego—roughly corresponding to intelligence—is developing in Man, with all its perceiving, integrating, controlling functions and with all the sensory motor and thinking apparatus of infinite skill, precision, and differentiation, which are called gifts and skills of the ego. The answer to the question, then, is that all the energies of the sequence which were left out and set free are floating into the apparatus of the Ego, providing the ego with dynamic energies to make it function clamouring for outlets, not to burst it. No power-plant, however sophisticated, can go on without motive-power, but, once started, it has to be given a free run. To return : the unused instinctual energies, by supplying the ego, become parts of it and become subjected to desexualization, i.e sublimation, and to disaggressivization, i.e. neutralization, to use Hartmann's valuable terminology. The ego of the child has to dispose of the abundance of these instinctual energies ; it succeeds by finding an outlet for them, in the central activity of childhood, *in play.* Play—set into action by these instinctual urges—needs no further motivation. It is carried on for pleasure ; for libidinal pleasure, by relieving tensions of the component instincts and for achievement-pleasure by solving problems or conflicts.

The carefree existence of the child, this so-called 'Paradise of Childhood', is clouded by tasks the child has to fulfil, to keep the giving parent's love and care. It has to conform to habit-training and has to learn manners, has to repress or modify sexual impulses, has to behave in a civilized way all round. To achieve this, the mechanisms of aim-inhibition, sublimation, neutralization, identification, have to be supplemented by a new mechanism, by which parts of the unnecessary, or rather, disturbing aggression (primary and secondary) become turned *inwards,* directed against the id-like manifestations of the bodily functions, changing them into ego-syntonic routine activities.

In early infancy, it is fear of losing love and attention which initiates this turning inwards ; gradually, and finally after the passing of the

Oedipus complex, with the establishment of the superego, this mechanism becomes internalized and functions on its own.

The mechanisms of both play and adapted bodily functions are used in the central activity of latency : in learning.

Learning is the response to powerful instinctual drives—to incorporate, to master, to look, to know—and in this respect develops out of play. Yet the amount of knowledge to be introjected by the human child, often exceeds the demand of the libidinal urges. The mechanism which was used in habit-training applies here also. Internalized aggression, i.e. conscience forces the child to exert all its available instinctual energies. In this manner, the wish for knowledge, the original sin, turns into the punishment of learning.

Here is the place to show once more the two different mechanisms dealing with the energies which are activated, but not used in the sequence hunger-satiation. Part of them, certainly the larger part, will be used in forming ego-structure, supplying the ego with dynamic energies, and then used by the ego in its activities. Another part, predominantly aggressive, goes into superego-formation and acts against the ego, as a dynamic power.

The assumption of these two mechanisms will help us to understand the central activity of the adult, *work,* in metapsychological terms. What were archaic and pregenital instinctual urges in childhood, not needed in the activities of self-preservation, will now be used as productive energies, not within but outside the sequence hunger-satiation. In childhood, the energies of these instinctual forces were transferred on to highly skilful ego-activities and used in play and in learning, building up—for use in later adult life—the ego that is to meet the demands of civilization. The same libidinal and aggressive forces are *now* used in dealing with or controlling the environment, to extract from it the complicated objects needed in the service of complicated self-preservation. Distribution and displacement of instinctual forces takes place in a very involved manner, which may disguise the basic fact that in all these activities it is the derivatives of the original instinctual drives which are operating.

What we assume with regard to the learning process applies even more to *work.* In spite of the achievements of civilization, the commodities required to satisfy all needs are still in comparatively short supply and have to be acquired by hard work. The taskmaster Necessity, represented by the reality principle, acts as external pressure. However, there would be no lasting result without the corresponding inner urge, stemming from dynamic sources. Aggression which, under the conditions of civilization, cannot find sufficient or any direct outlet, becomes internalized and used by the superego to make the ego exert all its instinctual resources, and submit to hardship and boredom. This internalized aggression is the ultimate guarantee for the maintenance of work and, therefore, of self-preservation. To quote Freud : ' The ego has set itself the task of self-preservation '. [4] It appears that, with Mankind, it cannot fulfil this task without the superego.

According to the view developed here, pleasure is not the ultimate motive of work. The powerful motive is self-preservation, not in the sense of a direct instinctual urge, but mediated by intelligence, reinforced by conscience. What is felt as the urge to work, Hendrick's ' mastery-instinct ', is the voice of the superego, the inner representation and heir of the parents. This does not mean that work is not a source of pleasure. Libidinal- and achievement-pleasure, stemming from the instinctual forces and all the ego-skills which are used, should be, usually, in excess of the tension which is felt, whenever work is done under superego-pressure. We might say that the specific work-pleasure is the relief from this tension, the harmony between ego and superego. As regards mental economy, we may say : The more libidinal and aggressive forces can be enlisted—yielding libidinal pleasure—and the more ego-skill and efficiency are used—yielding achievement-pleasure—the less superego-force—internalized aggression has to be used.

To sum up : The voluntary submission to hardship and boredom for the sake of self-preservation, the acceptance of the work-principle as a directing motive in its activities, is a special capacity of the adult ego, achieved by a long and tedious development. It is not the object or the skill of the activity which makes the difference between work and play, but the participation of the superego, which changes play-activities into work-activities.

Work has been described as a most highly integrated ego-activity that aims at procuring all possible means from the environment for the gratification of innate and culturally developed needs. This ego-activity derives its energies from libidinal and aggressive sources—energies which operate in a neutralized form in the mature ego, activating all its available skill. These instinctual energies, acting on the outside world, need supplementation by aggressive drives, turning inwards, directed by the superego against the ego. These superego forces, having been internalized and neutralized, are no longer destructive, but act on the ego in a constructive, self-disciplinary manner. Mental economy aims at such a distribution and direction of the libidinal and aggressive energies as to make the supplementation by internalized aggression almost unnecessary.

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[4] Freud : *An Outline of Psycho-Analysis,* p. 69.

In conclusion it may be stated that defects in this development imply many clinical problems, which may provide sufficient material for further communications.

THE PROBLEM OF DEFENCE AND THE NEUROTIC INTERPRETATION OF REALITY[1]

By HANS W. LOEWALD, M.D., BALTIMORE

Experience already gained in analytic work with psychotics during early stages of psycho-analysis, notably through the influence of the Zürich school, had led Freud to pay greater attention than previously to early ego-development and to formulate his concept of primary narcissism. Further analytic investigation of psychotic states, and the more and more frequent observations of certain character disorders, have made it obvious that the deficiences and deformations in the organization of ego-structure, over and above the neurotic defence systems and mechanisms, are of prime importance for the understanding of such disorders. Freud's distinction between narcissistic and transference neuroses is a sign of this recognition.

Nevertheless, it has been the predominant tendency in psycho-analytic thinking to keep the phenomena of conflict and of defence mechanisms in the forefront of clinical investigation, to make them the basis of theoretical constructions concerning the psychic apparatus and its dynamics and economics, and to understand developmental processes as such in terms of defence. Interest was centred on the structure and functions of neurotic symptom formation and other phenomena in the series of psychological manifestations of anxiety, conflict, and the defensive reactions against them.

The central importance of conflict, anxiety, and defence for any concrete understanding of normal and pathological psychological processes is based on very specific constellations in the growth period of human beings. The infant and child, equipped at birth only with certain automatic mechanisms for maintaining himself in equilibrium with the environment, increasingly becomes confronted with external conditions of an extremely complex nature. These complex external conditions, external from the point of view of the observer, are not merely sets of 'biological' events, but events of different orders of integration which we call psychological, cultural, social. These events and processes are of a degree of integration and differentiation utterly incongruous with and superior to the level of integrative functioning of the infant and child. Thus, special efforts have to be made by the environment, and over a prolonged period of time, to create approximately appropriate psychological conditions for his development. The fact of human civilization, in its broadest sense, and its state of complexity, renders it such a problem, how the human being can become an integral part of it, that is, integrated into its texture and participating in its further evolution. Neurotic and psychotic developments are the expression of a failure of the human being to achieve or maintain this integration on the level of integrative behaviour which we call psychological.

It is the discrepancy between the state of integration of 'external reality' into which the infant is born, and his integrative mechanisms and capacity at birth and for a long time to come, which brings about multiple occasions for deviation, deficiency of organization, arrest of development, pathogenic defences. The environment in our culture is first represented by the parents, the family, who thus are in the position of having to create and maintain conditions for psychological survival and development.

The parental, and in the early stages especially the maternal, supply of satisfaction of needs and of support and channelling of maturation processes, constitute a regressive movement on the part of the parents which minimizes the objective discrepancy and allows the infant to remain in integrative interaction with the environment. Active support and channelling consist in creating a regressive, primitively structured environment with which the child is able to integrate; and this, ideally, should continue in a sliding balance between the maturing bio-psychological structures, functions, and needs, and parental support.[2] In actuality, however, the opportunities, and conditions of practical necessity, for an imbalance in this relationship, especially in our culture, are legion. Too little or too much, too early or too late support and channelling, and the varieties of conflict between the two parents in their capacity as supporting agents to the child, represent a multitude of possibilities for such imbalance. With the increasing complexity of a culture other agents, in addition to parents, gain in importance, and the period of maturation lengthens.

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[1] Paper read at the 17th International Psycho-Analytic Congress, Amsterdam, 1951. It has been slightly revised for publication, and a few references have been added.

For a discussion of the specific constellations obtaining in the growth period of human beings, and of their crucial importance in the causation of neurosis, I refer to Freud's description of the situation in the last chapter of *The Problem of Anxiety*. He distinguishes three factors in the causation of neurosis: the one just mentioned of the prolonged dependency; the factor, which he calls phylogenetic, of the diphasic psychosexual development; and, third, the 'psychological' factor. This latter is connected with the differentiation of the psychic apparatus into ego and id, and consists in the fact that by virtue of the dangers of external reality certain instinctual impulses become dangers. The ego cannot flee from the id, but has to defend itself against the instinctual danger by restricting its own organization and by symptom formation.[3]

Discrepancy, then, between the individual's needs and the support of the environment, discrepancy between maturation level and environmental channelling of maturation processes, constitute basic threats. To the extent to which the growing individual develops under the sway of such discrepancy, anxiety and the possibilities for conflict situations arise. I wish to emphasize that the discrepancies referred to cannot be assumed to be due to specifically hostile forces of the environment impinging on the individual. Such hostile forces may exist too. But what is meant here is the difference between the integrative level of the individual and the integrative level of the environment. To the extent to which this difference is being bridged by the regressive supportive channelling of the environment, development can proceed without this threat, as the progressive integration of reality on the part of the child is undisturbed by this factor.

Defence, in the sense in which we speak of it when dealing with neurotic mechanisms, is based on the development of the ego as a specialized structure within the psychic apparatus, and, correspondingly, on the formation of and interaction with libidinal objects. A certain degree of ego-structuralization and of object-structuralization has to have occurred to make defence processes and operations possible. Ego-structuralization and object formation occur to the extent to which synthetic-integrative processes can proceed relatively undisturbed by the above-formulated discrepancy. This, under ordinary circumstances, takes place to a degree sufficient for the gradual formation of an ego and of a reality of some cohesive organization.

It is only on the basis of the work accomplished by early integrative processes, such as projection, introjection, identification, through which an ego and objects come into being, that defence processes become possible, and that neurosis becomes possible. In psychosis, and to certain degrees in character disorders, defences are not available or break down because of the weakness and deficiencies of the ego-structure and the lack of reality-organization.

Defence is intimately related to *regression*. But regression is not one of the defence mechanisms. In the defence process, representing a failure in integration and an attempt at re-integration on a regressive level, the ego falls back on older methods as it were, on more primitive processes of integration which serve as substitutes. They serve to establish and maintain a restricted level of 'adjustment' to a piece, an aspect, of reality that cannot be integrated adequately. Defence mechanisms, seen from this angle, are regressive attempts to come to terms with experiences which cannot be integrated on the level of development reached by the ego in other areas of its integration with reality. They may, in certain instances, however, at the same time serve the function of furthering the progress of integration in other areas.

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[2] A view consonant with the theoretical formulations attempted here is developed for instance by Margaret E. Fries, 'The Child's Ego Development and the Training of Adults in his Environment' (*The Psycho-analytic Study of the Child*, Vol. 2, 1946).

[3] S. Freud: *The Problem of Anxiety*. New York, 1936, pp. 99–101.

[4] Ives Hendrick, notably in his paper 'Early Development of the Ego: Identfication in Infancy' (*Psychoanalytic Quarterly*, 1951, Vol. **20**), *expresses* a similar view. He states: '... the pathology of psychoses, and also that of many character problems, was primarily the result of defects in functions usually considered components of the ego. These personalities differ in their essential dynamics from what is characteristic of the psychoneuroses. The symptoms are not primarily the result of a healthy ego's defence against an unresolved infantile conflict; they result from a fundamental inadequacy of some essential function of the ego itself. These studies suggested, therefore, that such defective functions are end results of failures in ego development, failures, however, at much more immature stages of ego development than those already extensively appraised by analysis.' Hendrick speaks in this connection of grouping 'such personality problems together as different varieties of ego defect neuroses'. (*Op. cit.*, p. 44).

The Oedipus complex, the 'core of neurosis', is the prototype of such a defensive struggle which takes place, in one form or another, in every human being in our type of culture; a struggle which ends in a temporary defeat and, for a time, in the kind of restricted adjustment of which I spoke. The Oedipus complex is the outstanding example also of a defence process where the regression helps to further development in other areas.

Since by the time the Oedipus conflict has fully developed, the ego has gained considerable strength, since in fact oedipal development can take place in full realization only under circumstances which permit sufficient solidification of the ego and a differentiated configuration of mutually related libidinal objects, defence structures typical for neurosis can largely be understood in terms of oedipal and post-oedipal development. For the understanding of psychotic and related phenomena we have to have recourse to pre-oedipal phases where neither ego nor reality are as yet sufficiently organized and differentiated from one another to make defence processes possible.

To reformulate: Defence, in the sense in which we speak of it in neurosis, and therefore to a certain degree in normal development,[5] is based on that stage in the development of individual-environment configuration, of ego-reality integration, in which an organized ego and organized reality have been differentiated from each other. What I mean here by organized reality may be indicated by saying that it implies (among other things) the establishment of distinct, libidinally invested (parental) figures mutually related to each other and the ego, such as they come into being in the development of the Oedipus situation. Only then is a stage in the constitution of ego and of reality reached in which a defence struggle between an ego and an 'external' object-world and the resulting defence against id impulses can occur. Psychotic and related processes are located in pre-oedipal levels of development where the relatedness to the environment is of a more primitive cast than the relationship of an individual, structured into id, ego, and superego, with an external world. On pre-oedipal levels the integrative processes are still those introjective, projective, and identificatory interactions of a narcissistic and magical nature which lead to the above-mentioned definitive structures. In the analysis of psychotic states, and of many character disorders, it is these early, pre-defensive processes of integration, of relatedness to the environment, which represent the main subject and the main problem of our therapeutic endeavour.

The regressive element in the defence process lies in the fact that pre-oedipal integrative mechanisms of a narcissistic-magical nature, in which no external reality in the full sense is yet constituted, are substituted for a more mature relationship to 'objects' which fails to materialize to the extent to which a conflict cannot be mastered. This implies that in the defence process reality regresses, that is, becomes less objective, just as the ego regresses. In a neurotic symptom as well as in neurotic adjustment, in other words, the *organization* of reality itself is affected.[6] The clinical and theoretical importance of this fact has not been recognized, to my knowledge, by psycho-analysts, even though the clinical evidence of it, particularly in character neuroses, is overwhelming.

In psychosis and character disorders the regression is more complete, and, as it were, unopposed by a more mature part of the ego, which in neurosis opposes the regression. Freud, in discussing the obsessive character and obsessional neurosis, formulates the difference between the two as follows: 'Both are the result of regression, but in the first the regression is complete . . . ; in neurosis we find conflict, followed by efforts to prevent regression, reaction-formations against it and symptom-constructions representing compromises between the opposing tendencies . . . '.[7]

I have discussed the difference between integrative processes as such, and defence processes which are possible only on the basis of a certain level of integration on which an ego and an external reality have already been differentiated to a sufficient degree. And I wish to emphasize that interaction as such, between individual and environment, cannot be understood as defence. Defence mechanisms, such as they occur in neurosis and normal adjustment, are specific and comparatively late processes, operations of faulty, regressive integration, in reaction to discrepancies between the integrative capacity of the individual and the level of integration of the external world, *once the individual has reached the (oedipal) stage in which what it interacts with has become for him an external world.* The central importance of defence operations in human life is due to the fact that active support and channelling of maturation processes play such a predominant role still *after* the organization of an ego-structure and the corresponding reality-organization, and more so in our culture. This fact creates and maintains constantly occasions for discrepancy and accounts for the ubiquity of neurotic adjustment. Support and channelling have to have been reasonably adequate in early childhood to make it possible for the child to reach the Oedipus level, to develop defences, which implies being able to fall back on earlier integrative mechanisms. If these early integrative processes are already decisively interfered with through lack of sufficient support and channelling, the result is ego-deficiency and deformation, not defence.

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[5] It should be kept in mind that neurotic processes, the Oedipus conflict being the prototype, as *the* infantile neurosis, form part of 'normal' development.

[6] The situation becomes complicated by the fact that elements of later stages of integration with the environment are drawn into the regressive process and reintegrated on the more primitive level, thus simulating more mature integration. This simulation of mature living is perhaps one of the most outstanding features in many character neuroses seen in analysis.

[7] S. Freud: 'The Predisposition to Obsessional Neurosis.' *Coll. Papers*, **2**, p. 130.

Since dynamics of neurotic symptom formation were largely understandable in terms of defensive dealing with conflict between the different psychic structures, there has been the tendency to interpret in terms of defence, dynamics as such, *any* interplay of forces in the organism-environment field, any interaction of psychic apparatus with ' reality ', and specifically also the dynamics of early, pre-oedipal stages and their clinical derivatives.

This all-inclusive use of the concept of defence obscures and confuses the understanding of concrete defence mechanisms and operations with which we deal in neurosis and in the psycho-analytic treatment of neurosis. And it misleads and falsifies the understanding of early development and psychotic and ego-defective states. Psycho-analytic theory, from its inception, has tended to understand the very organization of the psychic apparatus in terms of defence. The reality-principle is seen as a defensive modification of the pleasure-principle, and ultimately of the Nirvana-principle.[8] Thus, the neurotogenic conflict situations, as the sources for the genesis of defence mechanisms, arising on the oedipal level and later, lose their distinctive character.[9]

The relationship between organism and environment, between individual and reality, in general has been understood in psycho-analytic theory as basically antagonistic. It is Freud's ' biological assumption ' that a stimulus is something hostile to the organism and to the nervous system. Ultimately, instinct itself is understood as a need or compulsion to abolish stimuli.[10] Any stimulus, as stimulus, represents a threat, a disturbance. On the psychological level, Freud comes to the conclusion that at the stage of the ' original reality-ego ', ' at the very beginning, the external world, objects, and that which is hated were one and the same thing '.[11]

This whole conception is neither in accord with modern biological thinking, nor with Freud's own insights concerning the differentiation of ego and external reality out of an original identity in the early stage of primary narcissism.

But just as instincts have been seen as opposed to external stimulation imposed upon the organism and the nervous system, so the individual has been understood as essentially opposed to and imposed upon by the external world and cultural development. In experiential terms this is personified in the all-important hostile role of the father in the Oedipus situation and in the castration threat.

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[8] Already in his early theoretical formulations, concerned with a ' neurological ' psychology, Freud speaks of ' a tendency which may dominate the formation of the neurone system out of several systems : increasing warding off (*Abhaltung*) of quantity (of energy) from the neurones. The formation (*Aufbau*), then, of the neurone system would subserve the warding off, the function (of the neurone system) would be the discharge of quantity from the neurones ' (Freud, *Aus den Anfängen der Psychoanalyse,* London, 1950 ; p. 391). In other words : defence against stimuli is the cause for, and abolition of stimuli the function of the neurone system.

[9] The view expressed here should not be confused with Heinz Hartmann's concept of the conflict-free sphere. This, if I understand him correctly, is meant as a functional area in ego development which is, in the main, not promoted and not complicated by conflict, but by other factors. The present discussion deals, in contradistinction, with genetic problems of conflict and defence, and attempts to point out when, in ego-reality development, we can begin to speak of such phenomena as conflict and defence in the sense in which they are commonly understood in the psycho-analytic theory of neurosis.

[10] ' It seems, then, that an instinct is a compulsion inherent in organic life to restore an earlier state of things which the living entity has been obliged to abandon under the pressure of external disturbing forces ' (Freud, *Beyond the Pleasure Principle,* London and New York, 1950, p. 47).

[11] S. Freud : ' Instincts and their Vicissitudes '. *Coll. Papers,* **4**, p. 79.

This, biological and cultural, theoretical framework itself has been shaped to a large extent by historical experience. Freud as well as many others before and after him have been profoundly influenced in their way of experiencing life, and therefore in their thinking, by the overwhelming and increasing impact of social-political, economical, and cultural changes on the individual. The high degree of differentiation and complexity of our civilization, which seems to have run away from its human sources and foundations and to have taken a course all its own, seldom mastered and understood, has led to the view that culture, and then reality as a whole, is basically and by definition inimical to the individual. The estrangement of man from his culture, from moral and religious norms which nevertheless continue to determine his conduct and thus are experienced as hostile impositions, and the fear and suppression of controlled but non-defensive regression, is the emotional and intellectual climate in which Freud conceived his ideas of the psychological structure of the individual and the individual's relationship to reality. It is also the climate in which neurosis grows—and here we hark back to our exposition of the neurotogenic conflict situation. The hostile, submissive-rebellious manipulation of the environment and the repressive-reactive manipulation of inner needs, so characteristic and necessary for man who cannot keep pace with the complexity of his culture, and for a culture which loses contact with its human origins, is the domain of neurotic development. It is the above-described discrepancy situation, repeated and re-enacted on a different level.

This historical experience is perhaps the main reason for the over-extension of the concept of defence in dynamic psychology—as well as for the rise of dynamic psychology itself. The discrepancy between the integrative capacity of the individual and the level on which the cultural environment and development has to be integrated by the individual in order still to be experienced as his own, and not as a hostile imposition, has constantly increased. But it is discrepancy, tension, conflict, that makes us aware of dynamics, of the interplay of forces which otherwise remains hidden. And we may understand psycho-analysis and psycho-analytic treatment itself as an expression and utilization of the need to rediscover and reactivate the submerged communication channels leading from the origins of our lives to the solidified, alienated structures of behaviour, automatic attitudes and responses, cultural institutions, conventions and beliefs, neurotic symptom formations and defence systems and operations, which seem to have taken over and run their own inhuman course.

On three levels, then, the biological, psychological and cultural, psycho-analysis has taken for granted the neurotically distorted experience of reality. It has taken for granted the concept of a reality as it is experienced in a predominantly defensive integration of it. Stimulus, external world, and culture, all three, on different levels of scientific approach, representative of what is called reality, have been understood unquestioningly as they are thought, felt, experienced within the framework of a hostile-defensive, that is regressive-reactive ego-reality integration. It is a concept of reality as it is most typically encountered in the obsessive character neurosis, a neurosis so common in our culture that it has been called the normal neurosis.

Psycho-analysis has most searchingly analysed and shown us the neurotic structure and the defensive function of obsessive symptoms and of the obsessional character formation. But it has not recognized, in its dominant current, that psycho-analytic theory has unwittingly taken over much of the obsessive neurotic's experience and conception of reality and has taken it for granted as ' the objective reality '. While in this paper I cannot attempt to show in detail the parallels and similarities which, I believe, exist between the reality experienced by the obsessive character and the concept of reality implicit in psycho-analytic theory, I would like to point out a parallel, Freud's understanding of religion. He takes, as we know, the view that essentially religion is the equivalent of an obsessional neurosis in all its intricacies of a system of magical security operations. From our present perspective, it can be said that Freud took into consideration only certain, and not the most essential, aspects of religion ; aspects, to be sure, which are elucidated to a considerable degree by his treatment of the problem. These aspects show a great deal of similarity with obsessive-compulsive symptoms in their structure, function, and genesis. The signficant point, as a parallel to our thesis, is that Freud, living in a culture in which, for the majority of people, the meaning and function of religion is narrowed down to these magical-compulsive aspects, took this to be what religion ' objectively ' is.

In regard to the lack of a clear distinction between defence and integration as such, some further remarks may be indicated. Repression concerns the forward-moving tendencies of libidinal integration of and with reality. A distinction should be made between repression and what might be called canalization of libidinal forces. Not only the understanding of early, pre-oedipal integrative processes has remained confused by the tendency to interpret integration in terms of defence, but also that of later phases of development. The problems of transformation of primary into secondary processes ; the ' translation ' from unconscious to preconscious language of which Freud speaks in his early letters,[12] in *The Interpretation of Dreams,* and again in his paper on ' The Unconscious ' ; and especially also the nature of the processes indicated under the title sublimation, have thus remained obscure.[13]

The conception of organism-environment, ego-reality, as an antagonistically related pair of opposites or isolated systems, lets the reality principle appear as a defensive-adaptive principle by virtue of which the pleasure principle becomes repressively modified, and phantasy becomes an isolated remnant of this earlier principle. In the process of reality testing and the establishment of the reality principle, phantasy is seen as split off. To the extent to which this happens as a defensive-reactive process, phantasy stays behind or has to be repressed in company with pregenital strivings. But this also indicates something about the fate of the ego and of reality. To the extent to which phantasy is split off, ego and reality in their mutual integration become restricted and impoverished, as can be seen in hysterical and obsessional symptom formation and in the corresponding character disorders.

Projective-introjective processes, which are elements of the still rather obscure complex of integrative activities we call phantasy, continue, in more highly differentiated forms, to operate in the development and elaboration of reality during man's lifetime. Otherwise reality would be static (as indeed it has been conceived as being in psycho-analytic theory). It becomes static and hostile, visible in each individual patient, to the extent to which his life has become merely a defensive-reactive struggle. It is this neurotically impoverished reality, a form of reality that is exercising its great destructive power on all of us, in whose image the psycho-analytic concept of reality has been formed.

The psycho-analytic investigation and understanding of ego development and ego structure, as it progresses, will also lay the foundations for an understanding of the *dynamic* nature of reality. The clearer the distinction between integration as such and defensive types of integration becomes, the more apparent also will be the difference between the idea of an alien, hostile reality, as a finished product imposed on the unsuspecting infant and from there on forever after, and the integrated, dynamic reality, forever unfinished, on the elaboration and organization of which we spend our lives.[14]

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[12] S. Freud : *Aus den Anfängen der Psychoanalyse* (Imago Publishing Co., London, 1950), p. 175.

[13] Fenichel speaks of channelling and canalization in his discussion of sublimation. Yet he subsumes sublimation under the general heading of defences and calls it a successful defence, as against the pathogenic defences which are unsuccessful defences. The terminological and conceptual confusion concerning sublimation, the deficient understanding of what he calls the successful defences, comes out very clearly in his discussion of the subject, and is frankly admitted by him (Otto Fenichel ; *The Psychoanalytic Theory of Neurosis,* New York, 1945. Chapter 9 : The Mechanisms of Defense, p. 141–167).

[14] In a paper entitled, ' The Superego and the Theory of Social Systems ' read at the Psychoanalytic Section of the American Psychiatric Association Meeting in Cincinnati, Ohio, 7 May, 1951 (Psychiatry, 1952, **15**), Talcott Parsons expresses similar ideas concerning the dynamic structure of reality and reality integration. While he is mainly concerned with problems of the superego, he brings out very clearly the conception of the relationship between reality and the individual as an interaction system. He stresses particularly that not only the emotional and moral integration with reality, but also what he calls the 'cognitive frame of reference ' is based on introjective-projective and identificatory interactions.

ORAL COMPONENTS OF THE CASTRATION COMPLEX[1]

By RENÉ DE MONCHY, M.D., STOCKHOLM

The topic of this paper is not a new one. In *Inhibitions, Symptoms and Anxiety,* for example, Freud wrote : ‘ Castration can be pictured on the basis of the daily experience of the faeces being separated from the body or on the basis of losing the mother's breast at weaning ’. Several other authors have made contributions to the subject.[2] The first, and in my opinion still the best, is Dr. Stärcke's paper published in 1921. Stärcke went much further than Freud and assumed that the emotional weight of the castration complex is mainly derived from oral frustration.

The reason I take up the subject again is its great practical importance, which is perhaps not always sufficiently appreciated. Even Freud, the originator of the concept of the close relationship between genital and pregenital instincts, might have laid still more stress on the therapeutic value of his discovery. In *Analysis Terminable and Interminable,* he wrote : ‘ We often feel that when we have reached the wish for a penis and the masculine protest, we have penetrated all the psychological strata and reached bedrock and that our task is accomplished ’, and in a footnote : ‘ What they (men) reject is not passivity in general but passivity in relation to men. That is to say, the masculine protest is in fact nothing other than fear of castration ’. The expression ‘ our task is accomplished ’ suggests that castration anxiety and penis envy must be accepted as ultimate facts, which should be independent of earlier experiences. Freud must have meant those primary reactions in living beings that can so easily and in their purest form be demonstrated in animals. Von Uexküll and Lorenz call them *angeborene Reaktionsschema,* congenital reaction schemes. Animal psychology offers many examples of such reactions.

I will give two examples : Woodgrouse react at the sight of a sparrow-hawk in the air in typical fashion : the cock takes up a defensive position, the hen huddles up and seeks shelter. Young birds that have been kept isolated from birth react in the same way if a piece of paper of approximately the form of a hawk is moved over the cage. When the birds are twenty days old the aforementioned difference in behaviour between the cocks and the hens can already be noted. When the piece of paper, the *attrappe,* as the animal psychologist calls it, is made more and more unlike the hawk, the reaction grows progressively weaker and finally disappears.

A new-born chick in a hatcher picks at grain on the floor and also at small painted yellow spots. The dimensions of the spots must be approximately those of the grain. If they are too big or too small the chick ignores them.

Observation of isolated animals affords many examples of congenital reaction schemes, which determine mating, fighting, or seeking of food. All these examples have the same characteristics :

(*a*) the limited variability both of the ‘ key situation ’ and of the ‘ response ’ ;

(*b*) when an ‘ ill-fitting key ’ is used as an *attrappe* the response becomes weaker, but the quality of the reaction scarcely changes.

It seems improbable that similar congenital reaction schemes are to be found exclusively in animals and never in human beings. Lorenz gives some convincing examples of human congenital reaction schemes. Most, like the animal reaction schemes, are certain typical reactions to chemical substances by the organs of smell and of taste. In contrast with human reactions to optical and acoustic stimuli, these reaction schemes, like those of animals, have very limited variability. Smell and taste symbolism hardly exists. This explains the scantiness of mental processes in connection with these senses. There is no form of art in connection with smell and taste perceptions comparable with painting, sculpture, or music. Combinations of colour and spatial relations can represent or express a multitude of complicated mental experiences. Smell and taste can hardly give more than direct sensual perceptions without a ' higher ' meaning. The difficulty of describing a smell or a taste, as well as the difficulty of imagining these sensations, might have the same origin.

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[1] Read at the 17th International Psycho-Analytical Congress, Amsterdam, 1952.

[2] Stärcke, Alexander, Rank, Helene Deutsch, Bergler-Eidelberg.

Lorenz and von Uexküll's theory is not in contradiction with the psycho-analytic concepts. There is ample evidence that the reaction of the three-year-old child on the observation of anatomical difference between the male and the female genitals can to a certain extent be compared with congenital reaction schemes in animals. When Freud said that the therapist has reached ' rock bottom ' when he has made the patient conscious of the penis envy of the castration anxiety, he obviously meant the same biological fact, which the animal psychologist calls the ' congenital reaction scheme '.

It is reasonable to presume that the most general rules of the instinctual behaviour of animals can also be applied to the human instinctual functions. However, we must bear in mind that there also are important differences between human and animal psychology. In the first place, there is the methodological difference : experiments with human beings are limited. A bird can be born and educated in complete isolation ; a human being cannot be kept free from external experiences to the same extent. If the analyst wants to study congenital reaction schemes, he is committed to the very first period of life. Only the sucking instinct can be considered to be more or less undisturbed primary behaviour, relatively free from environmental influences. All later instinctive reactions are influenced by previous experiences.

In addition to the practical circumstances that complete isolation is impossible with human beings, there are certain intrinsic differences between human and animal psychology. With animals the *attrappe*, for instance the piece of paper representing the hawk, must resemble a hawk rather closely. If not, the reaction fails to occur. With animals, the variability of the stimulating perception, the instinctual object, is very limited : only a well-fitting ' key ' will work. With human beings, however, the variability of the instinctual object is enormous. Under certain conditions very different objects may start an instinctual process.

The other intrinsic difference is the degree of variability of instinctual actions. The instinctual response of animals to a ' key ' stimulus is rather strictly limited. In human beings, on the other hand, an instinctual impulse may give rise to a widespread range of actions. The characteristic qualities of human psychology—the variability of the instinctual object and of the instinctual aim—are the basis of analytical work. The analyst has to find out how the original stimulus is replaced by symbolic stimuli and which actions are substitutes for the original response.

The reaction schemes in animals are independent of one another ; in human beings however, there is a constant interplay of drives. The typical stimulating perception of one drive can function as a substitute stimulus for some other instinct. In a fellatio fantasy, the nipple is replaced by the penis, for example. The congenital reaction schemes in human beings are not so well ' isolated ' as they are in animals.

If in a child, at a certain age, a new form of instinctual activity manifests itself, this manifestation is never quite independent of previous forms of activity or previous experiences. We can agree in part with Susan Isaacs (*Childhood and After*, p. 94) when she wrote : ' Other types of activity, other relations derive their first impetus, their first cathexis from the infant aim of sucking, biting and swallowing '. This could be expressed somewhat more cautiously by saying that instinctual objects of an earlier phase are apt to become a ' key function ', an *attrappe*, for later instinctual processes. This is the blending of drives, which apparently is characteristic of the human mind.

The extensive variability of the drive object is obvious with regard to the oral instinct. The original ' key stimulus ' cannot be anything but the mother's breast, especially the nipple. The baby, however, puts all objects in its mouth. In this connection an interesting fact can be observed, a fact that has scarcely aroused the attention it merits : after weaning, the tendency to put the nipple in the mouth vanishes surprisingly rapidly, in a month or so, and long before the tendency to put everything else in the mouth disappears. The only explanation for this is a partial but violent repression. The sucking reflex has certainly not completely disappeared. One may even see the reflex in senile arteriosclerotic patients. If a pencil is held some centimetres from the mouth, the pursing of the lips and the rhythmical movements can be unmistakable.

Newly weaned infants, in whom the impulse to take the nipple in the mouth has disappeared, still retain a keen interest in the mother's breast.

A one-year-old boy examined the mother's nipple with his finger four months after weaning. He called the nipple 'moo'. In one of his books there was a picture of a cow, his parents had told him that the cow says 'moo', and he therefore calls the cow 'moo'. The udder drew his special attention. Perhaps it reminded him of his own penis. As a baby's penis undeniably resembles a nipple, the penis acted as an *attrappe*. The same mechanism explains the fact that he also called his father's penis 'moo'.

The dream of an adult man corresponded with the child's reaction. He saw in the dream a woman's breast with unnaturally large nipples. 'These nipples hung down and were slightly bent', he said. 'They were like a small, soft penis, like the penis of a very young child.' The dream came during a period of the analysis in which castration anxiety came forth, combined with many oral fantasies.

In a female patient, the intimate relation between the mother's breast and the castration complex was equally obvious. Here follow some dreams which she had in the course of six weeks.

Dream I: 'I was going to travel to Rome. Just before entering the city I met a woman who was singing out of tune. I thought: "Now everything is spoiled". I stood before two high, white walls, which formed a sharp angle that pointed towards me. This point could penetrate my body and I could not enter the city because the point would come into me. The two white walls with the sharp point reminded me of a woman's breasts and nipples. Then I saw a friend, who is bringing up her little daughter without love. This friend begged me to visit her mother, I entered an unfurnished apartment and saw only two cupboards, which also looked like breasts. I was carrying many objects, including a bottle of milk. I dropped the bottle and had to go after another bottle of exactly the same kind of milk, because it is unfair not to give a child the milk it wants. When I could not enter Rome I thought it was unfair that I could not have an orgasm by masturbation like a boy. Romulus and Remus were nursed by a wolf. So they, too, did not get the milk they ought to have. Their mother must have abandoned them'.[3] In many previous dreams the colour 'white' is connected with the mother (two white walls in this case).

Dream II: 'I saw my mother with a two-year-old boy in her arms. Then I was the little boy myself. I had my back towards my mother and threw myself forward, that is to say away from my mother. I vomited a thick, white-yellow fluid, like milk or perhaps semen.'

Dream III: 'I was a poor boy of about six years old, like Oliver Twist. I was in a street in London and I met X (her lover). He said: "Go to that stand, you will find something there" Under loose leaves I found two coins, as big as a penny. They resembled the aureola mammæ of breasts under a blouse with frills, such as my mother used to wear when I was a child. The coins might also have been two strawberries under white snow.'

Dream IV: 'I saw the old-fashioned cake tins that we have at home. They are about one inch in diameter. I put them all on top of one another so that they became a bar, and I pushed the bar into my vagina.'

Dream V: 'I saw two bananas. In some way I knew that they were penises. I wanted to eat them.'

This patient was the eldest of several children. When she was two years old there was a reproduction of one of Raphael's famous pictures hanging in her bedroom. This picture shows the Virgin Mary with two small naked boys, Jesus and St. John. The genitals are clearly depicted. The little girl was terribly afraid of this picture, and could not sleep if it was not turned towards the wall. She had already mentioned this fact at an earlier stage of the treatment. Now she came to think about it again and realized that the penises of the two boys reminded her of the nipples of the female breasts. The parents had hung the picture in her room when the mother was expecting her second child. The idea was to teach the girl what a boy looked like, in case the baby should be a boy.

These are only a few examples from a long analysis. One sees clearly how the ambivalent longing for the mother's breast is intermixed with the penis envy. Especially interesting in these dreams is it that the breasts are represented as twin objects: two white walls, two coins, two strawberries, two cupboards, two bananas, two small penises in the Raphael picture.

The conclusion to be drawn from these examples is that clinical facts afford further evidence to support the theory that penis envy and castration anxiety are not exclusively, not pure congenital reaction schemes in the sense of von Uexküll and Lorenz or 'rock bottom' facts as formulated by Freud.

The little boy's penis acts as an *attrappe*, representing the nipple. This explains, in part, the great emotional value of the observation of the anatomical sex difference: the absence of the penis with girls, is connected with the loss of the mother's breast and the anxiety concerning loss of the penis has one of its roots in the same experience. Thus it is comprehensible how a relatively small physical difference can often have a catastrophic pathogenetic influence. Here we also find a plausible explanation why the girl holds the mother responsible for the lack of the penis: the mother once took the nipple away from her.

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[3] Dr. Servadio told me that philologists suppose that the original meaning of the word 'Rome' is 'breast'. My patient did not know this fact.

Even with small boys the earliest castration anxiety is connected with the mother and is of an oral type. Only a few years later, after the development of the Oedipus complex, the father assumes the role of the castrator in the boy's imagination. However, in many patients the castration anxiety retains much of the oral-maternal character (vagina dentata, etc.).

The widespread belief in the possibility of fortifying the sexual potency by eating certain pills, roots, nuts, etc. scarcely ever has a pharmacological foundation. Most often it is based an magical fantasy. The concept of the 'phallic mother' is no longer strange if measured by the equation, penis = nipple.

The female belief in having had a penis once upon a time belongs to the same category. In the first period of life the mother's nipple is not exclusively experienced as an 'external object'.

The symbolic significance of the extraction of teeth is reminiscent of the loss of the nipple. A young man had a dream in which he was in the dentist's chair. He lost his teeth, which ran out of his mouth as fluid gold. The *Verschiebung nach oben* the displacement from below upwards, can be seen as a tendency to revert to the mouth. Previous to the *Verschiebung nach oben* there has been a *Verschiebung nach unten*, a displacement from above downwards.

In terms of animal psychology this could be formulated as follows: in early infancy the penis has been an *attrappe* for the nipple. Later on, when the genital primacy is established, then the nipple, the breast, the teeth, the nose, etc. may function as an *attrappe* for the genitals. The same could be said of the mouth—vagina relationship.

It is questionable whether the intimate relation between the oral and the genital experiences is a general phenomenon or is only so prominent in cases of disharmonious conditions during earliest childhood. There are several arguments in favour of the first supposition. I might mention the frequency of the dentist dream, which practically everybody has had, or the apparent relation between infantile masturbation and thumb-sucking. If the castration fantasies always draw powerful contributions from previous developmental phases, it may be questioned whether the Oedipus complex and the subsequent castration complex can fully maintain their central position in psychoanalytic theory. The problem can be formulated as follows: Do the oral and the anal experiences become more important later on in a regressive manner? Is it the Oedipus complex that evokes the castration fantasies? and do the oral experiences become secondary to their high emotional value? Or does the castration comlex receive its principal effective charge from the early oral complexes? Only clinical observation can decide which version is correct. I am inclined to believe that working out the oral frustration has been of considerable help to several patients with persistent castration anxiety or penis envy. This bears out the primary importance of the oral experiences.

If the oral experiences during infancy merely 'colour' the castration complex (Fenichel) it is difficult to explain these therapeutic results.

It is somewhat surprising to find that even those authors who lay special stress on the influence of oral experiences on the final shape of the genital functions still use the expression *Urkastration*, primeval castration (Stärcke, Helene Deutsch, Rank). This does not seem to correspond entirely with their line of thinking. It is not the castration fantasy, but rather the oral frustration that is primeval.

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DISCUSSION OF M. KATAN'S PAPER ON SCHREBER'S HALLUCINATION[1]

By HERMAN NUNBERG, M.D., New York

Our gratitude is due to Dr. Katan for his work on schizophrenia.

Recently we have been hearing more and more about the psychological treatment of schizophrenia—and of cures. Indeed, we seem to be on the threshold of new developments—developments that may lead to a better understanding of schizophrenia. The psychological insight gained in relation to psychotics will probably influence our understanding and treatment of neurotics, as Freud predicted.

The scope of the problems of schizophrenia is enormous, and it is impossible to deal with them all at one time. In the present paper Dr. Katan deals only with the problem of hallucinations. He brings us to the centre of that problem by pointing out the fact that when no longer able to master the influx of homosexual libido, Schreber developed hallucinations in which Flechsig talked to him.

We are accustomed to classify mental disorders into transference neuroses and narcissistic neuroses or psychoses. This classification suggests that transference neuroses develop transference and psychoses do not ; in other words, that the psychoses show a specific disturbance in object relations. There is no doubt that, before Schreber's hallucinations set in, he was in a transference relationship with his doctor, the psychiatrist Flechsig.

Is it permissible to assume that all latent schizophrenias become manifest when the tendency to transfer emotions and ideas from a person or a situation of the past into the present is thwarted ? I have in mind not only the relationship of the patient to his doctor, but all those situations in which transference should or could be established.

What is the essence of transference ? In brief, it is an attempt to relive or repeat old, repressed, unconscious experiences. With this tendency to repetition is coupled another, a tendency to establish an identity of perceptions between old and new experiences (*Wahrnehmungsidentität*). If there is too great a discrepancy between the new and the old experiences, or if the new ones are rejected, the old ones replace them, though in a distorted form, as we see, for instance, in dreams. We then call them *hallucinations*. It seems therefore that we have always a tendency to hallucinate, a tendency which is normally inhibited. The question, Why we hallucinate, is therefore less interesting than the question, Why we do *not* hallucinate ; in other words, what is it that prevents us from hallucinating ?

A first answer might be that, since we do not hallucinate in the waking state but do hallucinate in the dream, contact with reality may be the one factor which prevents us from hallucinating ; or else that the patient is not quite awake when he is hallucinating, or is dreaming, which is essentially the same thing.

As long as we are dreaming we are convinced of the reality of our experiences ; when we wake up we lose this conviction.

What is it, Freud asks, that makes the patient believe in the reality of his hallucinations or delusions ?

Let us now return to Schreber.

The quantity of homosexual libido mobilized in the transference situation was *relatively* too large to be mastered by Schreber : *then he simply denied Flechsig's real existence*. We assume that he withdrew the cathexis from the mental representations of Flechsig.

Since symptoms of transference are repetitions of infantile experiences, Schreber's denial of Flechsig's real existence must likewise be a repetition of an infantile denial. In this case Schreber must have denied the reality of his father's existence in some particular phase of his Oedipus constellation.

It seems logical, then, to assume that, if Schreber had to deny his attachment to his father—his love for him and his submission—he could do nothing else but deny Flechsig's real existence when he felt his growing attachment to him. When he felt *helpless* in trying to master this attachment, he broke with reality and replaced the psychic representations of Flechsig by hallucinations, in which Flechsig or the father was represented in a symbolic or some other way. It is known that a weak father attachment is accompanied by weak ties with reality, or impairs the reality principle.

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[1] Read at the 17th International Psycho-Analytical Congress, Amsterdam, 1952.

The structure of hallucinations is a very complicated one, as Dr. Katan shows. He demonstrates this complexity by the example of Schreber's hallucinations about the little men.

According to his interpretation, the ' little men ' represent :

(1) Schreber's friends to whom he had been homosexually attached,

(2) the sun and the rays of the sun, God with his sexual organs,

(3) the little men dropping on his head also represent spermatozoa.

Schreber warned the little men not to approach him, because the attraction he exerted on them was dangerous. Katan interprets this warning as a projection of his warning to himself as to the dangers of sexual activity.

Schreber's *hallucinations contained still other features ; for instance, when an orgasm was threatening, he hallucinated voices which urged him to fight.* These hallucinations represent, it seems, projections of the patient's own urge to fight his masturbation or other sexual activities. Hence the voices can be interpreted as representations of his conscience. Conscience is a function of the superego which develops through identification predominantly with the father figure. Through the projection of the inner voices of conscience, the father figure was placed in the external world where the father originally belonged.

Thus we must agree with Dr. Katan's reconstruction concerning the origin of the contents of Schreber's hallucinations. He emphasizes that Schreber was dealing in his hallucinations with exactly the same thoughts that he had had in his prepsychotic period. Since in the prepsychotic period contact with reality was maintained, so the hallucinations have their origin in that part of the personality which still maintains contact with reality.

This fact proves that schizophrenics retain the tendency to establish transference, which, at the same time, they consistently try to ward off. Furthermore, although hallucinations have their origin in actual reality, they tend to another, a psychic reality which has its origin in the past, a historical reality.

Hallucinations as well as delusions are formed of elements of real experiences, which are rearranged under the pressure of the primary process that prevails in schizophrenics much more than in neurotics. If I may use a simile, the schizophrenic productions look like a number of pages torn out of a book, mixed up, rearranged and then projected on a screen.

Hallucinations correspond to perceptions of certain elements of real experience, while delusions seem to correspond to perceptions of thinking processes which are degraded by the primary process to perceptions of *memory traces* of (similar or the same) past experiences. Often it is difficult to distinguish a hallucination from a delusion.

Rather than continue here, I would refer to Freud's paper ' Construction in Analysis '. He thinks that a general characteristic of hallucinations may perhaps be the fact that something experienced in infancy reemerges into consciousness, perhaps distorted and displaced. He assumes, further, that delusions and hallucinations (which are constantly incorporated in delusions) have a common origin and that their *material* is treated in the same manner as that in *dreams*. From these assumptions he comes to the conclusion that hallucinations as well as delusions *always* contain a *fragment of a historic truth*. He adds *' It is plausible to suppose that the compulsive belief attached to delusions derives its strength from infantile sources of this kind.'*

The recognition of the kernel of truth in the hallucination or delusion would, as Freud states, afford a common ground for patient and doctor, and be of great therapeutic value.

Two objections might be made to the concept of ' historical truth '. One, which Freud himself raises, is that all neuroses have a kernel of truth and that in his original formulation he said that all hysterical patients suffer from reminiscences. The other is that, by introducing this concept, Freud came even closer to eliminating the barrier between neurosis and psychosis.

Instead of criticizing, we should perhaps rather try to find out what exactly is the difference in the manner in which the ego treats the ' historical truth ' in neurosis and in psychosis. Why can a neurotic accept the object of transference, the real object, and the psychotic cannot transfer on the object of reality ?

At the end of his paper Freud says : ‘ If we consider mankind as a whole and substitute it for the human individual, we discover that it too has developed delusions which are inaccessible to logical criticism and which contradict reality. If, in spite of this, they are able to exert an extraordinary power over men, investigation leads to the same explanation as in the case of a single individual. They owe their power to the element of historical truth which they have brought up from the repression of the forgotten and primeval past.’

Taking Schreber as a paradigm, are not the delusions of rebirth and reincarnation from which all psychotics regularly suffer, as well as their cosmic systems in which they personify the stars, the sun, the universe, and believe in them as Gods, a ‘ historical truth ’ in which in the past mankind really believed ? But what the ancient man and the schizophrenic believe consciously, as it were, the neurotic believes unconsciously. It seems to me that our investigation should start at this point.

In order not to close with purely theoretical speculation, I should like to report a simple example, though one only indirectly experienced by myself.

Dr. John Rosen who treats psychotics once complained that he was not making any progress with one of his schizophrenics. He had had her in his care for more than a year, but he could not establish contact with her. One of her main symptoms consisted in her not knowing who she was. When addressed by her name, she did not react, as if she had a negative hallucination.

One day the psychiatrist thought of a possible connection with her castration complex that made the patient reject her name and with it a part of her personality. He said to her : ‘ You think that you are not good because you have funny genitalia ; that is not true, you have beautiful, lovely genitalia ; I love them, I admire them. Show them to me.’ The patient tried to lift her skirt, but stopped after a short while and turned away shamefacedly.

From the point of view of taste, this was a crude intervention, but it *worked*. From then on the patient knew who she was, answered when addressed by her own name, and a workable transference was established. She rejected a part of her personality as, obviously, she had in the past rejected her genitalia. Now, after her feminine genitalia had been accepted by others (the doctor, the father substitute), she was able to accept and integrate the hitherto split-off part of her personality.

The approach to the ‘ reality core ’ used by my analysand is of course, not the only one ; there are still others ; this approach is but one of many.

TRANSFERENCE-PHENOMENA AND TRANSFERENCE-ANALYSIS IN AN ACUTE CATATONIC SCHIZOPHRENIC PATIENT

By DR. H. ROSENFELD, London

Most analysts have until recently refrained from treating schizophrenic patients, in the belief that the schizophrenic is incapable of forming a transference. My own experience has shown me that we are dealing here not with an absence of transference, but with the difficult problem of recognizing and interpreting schizophrenic transference-phenomena. It may be valuable to examine first the findings of other analysts.

Both Freud (1911 and 1914) and Abraham (1908) made it quite clear that in their opinion the schizophrenic is incapable of forming a transference, owing to his regression to the auto-erotic level of development. They explained this by stating that on the earliest infantile level, which they called the auto-erotic phase, there was as yet no awareness of an object. But there are several statements of Freud's which seem to contradict the concept of an auto-erotic phase, in which there is no relation to an object, such as that in *The Ego and the Id* (1923) where Freud says: 'In the very beginning in the primitive oral phase of the individual's existence, object cathexis and identification are hardly to be distinguished from one another.' From this later opinion of his we may conclude that he recognized the existence of object cathexis in earliest infancy. Freud however never gave any indication that he changed his view about the lack of transference in schizophrenia (perhaps because he had no later experience with such patients).

Nunberg (1920) had the opportunity of observing a schizophrenic patient over a long period. Nunberg's description is most illuminating and his patient himself relates most of his experiences to the transference. Nunberg states that the transference was mostly on the homosexual anal level, but the paper also gives a clear description of object-relations on the oral level. At the height of the oral sadistic transference the patient lost interest in the analyst as an external object; the internal object-relation, however, was apparently retained. Nunberg himself suggested that the patient was able to regain his object occasionally by consuming it, and he gives a lucid description of the symptoms and experiences of the patient after 'consuming the analyst in phantasy'.

O'Malley (1923) described both positive and negative transference reactions in her psychotic patients. Barkas (1924) stated that in psychotic patients the negative and positive transference are of a violent nature. Laforgue (1936) discussed the successful analysis of a schizophrenic girl. In the beginning of the analysis the patient developed such extreme anxiety that she was unable to stay with the analyst for more than a few minutes before escaping to the waiting room. By the persistent analysis of the negative transference the patient's anxiety gradually diminished and she talked freely, obviously developing a positive transference. Federn (1943) pointed out that schizophrenics develop both a negative and a positive transference. He stressed that schizophrenic patients can be treated only in the positive transference, which has to be fostered all the time. He does not interpret either the positive or the negative transference and discontinues treatment when a negative transference appears. Rosen (1946, 1947, 1950) stated that all his schizophrenic patients showed both a strong positive and negative transference which he deals with both by reassurance and interpretation. Other American workers on schizophrenia, such as Harry Stack Sullivan, Fromm Reichmann, Robert Knight and their collaborators, have described the importance of the transference in schizophrenia and concluded that the infant is capable of an object-relation from birth onward. Eissler (1951) has recently emphasized that the schizophrenic responds to almost any sympathetic psycho-therapeutic approach—a factor which in his opinion is due to the schizophrenic's acute awareness of the 'primary process' in other people's minds. He has, however, not recognized that this peculiarity of the schizophrenic is a transference phenomenon which may be related to a particular primitive object relationship.

In England Melanie Klein's research on the earliest phases of infantile development has greatly encouraged analysts to study psychotic conditions of varying severity. She has found evidence that the infant develops an object-relationship from birth onward both to external objects and through introjection to internal ones. She acknowledges the importance of auto-erotism and narcissism, but she has added a great deal to the understanding of these phenomena by her hypothesis that they include the love for the internalized object. In her paper ' Note on Schizoid Mechanisms ' she has contributed to the psychopathology of schizophrenia. There she describes schizoid mechanisms used by the infant as a defence against anxiety which on the earliest level of development is of a paranoid type. This period she named the ' Paranoid Schizoid Position '. Melanie Klein agrees with Freud that the schizophrenic regresses to the earliest infantile level, the first few months of life, but her views on this period differ from his.

My aim in this paper is (*a*) to illustrate that an acute schizophrenic patient is capable of forming a positive and a negative transference, (*b*) that it is possible to interpret these transference phenomena to a schizophrenic patient, and (*c*) that the schizophrenic's response to interpretations can at times be clearly noticed. In addition I wish to draw attention to my observation that the schizophrenic patient whom I am discussing here and all the schizophrenics I have investigated show one particular form of object-relationship very clearly; namely, as soon as the schizophrenic approaches *any* object in love or hate he seems to become confused with this object, and this is due not only to identification by introjection, but to impulses and phantasies of entering inside the object with the whole or parts of himself in order to control it. Melanie Klein has suggested the name ' projective identification ' for these processes. Projective identification, which is complementary to introjection of the object, throws some light on the infant's difficulty in distinguishing between the ' *me* ' and the ' *not me* ', and it explains a number of phenomena which are commonly called auto-erotic or narcissistic. It is also related to processes of ego-splitting, which were described by Melanie Klein in 1946, and by myself in 1947. The impulses and phantasies of forcing the self into an object may be regarded as the most primitive type of object-relationship, starting from birth. They may colour the oral, anal, urethral and genital impulses, and in this way influence the earlier and even later relations to objects. In my opinion the schizophrenic has never completely outgrown the earliest phase of development to which this object-relation belongs, and in the acute schizophrenic state he regresses to this early level. The severity of the process depends on a quantitive factor, namely, how much of the ego as well as of the instinctual forces are involved in the regression.

The defences of the ego against the impulses to force itself into other objects are also of great importance in schizophrenia; they are, however, not discussed in detail in this paper. One of such defences is for example negativism. In my paper (1947) on 'Analysis of a Schizophrenic State with Depersonalization ', I referred to a woman patient whose negative attitude towards everything concerning the analyst lessened when we began to understand the patient's paranoid fear of the analyst forcing himself into her, so that she would lose her identity. Through her negative attitude she was defending herself against her active love wishes because they were related to impulses and phantasies to force herself into the analyst to rob and empty him. She was also defending herself against her fear of losing herself inside him.[1] Very similar clinical material was described by Anna Freud in her paper, ' Negativism and Emotional Surrender '.[2] She found that her patient's negativism was connected with the fear of experiencing feelings of love for the analyst because this meant to the patient that she was surrendering to, and would therefore be ' invaded ' by, the analyst. She would thereby turn into the analyst. Anna Freud suggested that these processes might go back to the first few months of life, were possibly linked with introjection, and might have a connection with schizophrenia.[3]

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[1] In my paper mentioned above I related my clinical findings to Melanie Klein's concept of projective identification (' Notes on Some Schizoid Mechanisms '. *Int. J. Ps.-A.*, **27**, 1946).

[2] Read at the 17th International Psycho-Analytical Congress, Amsterdam, Aug. 1951.

[3] These observations and suggestions by Anna Freud, which are virtually identical with some aspects of Melanie Klein's concept of ' Projective Identification ' are one of the indications of the growing cor-

The clinical material I shall bring here is taken from a very ill schizophrenic man, aged twenty, whom I treated by psycho-analysis for four months.

The patient had been ill for three years when I saw him first. He suffered from hallucinations and was confused and at times violent. He had had altogether 90 insulin comas and many electric shocks. The superintendent of the mental hospital where the patient was living described him as one of the worst cases of schizophrenia he had had to deal with. He was said to be dangerously impulsive, withdrawn, and at times almost mute. Neither doctors nor nurses had been able to make contact with him. However, when two analytic colleagues saw him for consultation, they were able to make some contact, and they felt that psycho-analysis could be attempted. I then started the analysis at the beginning of this year. For a fortnight he was brought to my consulting room by car; after that I saw him in the private mental hospital where he was looked after. The analysis was interrupted after four months—by the parents, who lived abroad—which was unfortunate, as a great deal of analytic work had been done. From the beginning of the third month the patient had rational periods lasting for several hours outside the analytic sessions; but it was clear that it would still take many months before a stable improvement could be expected.

The most important and striking feature in the analysis of this apparently entirely unapproachable and withdrawn patient was the interest he was able to show from the first moment in the analyst and the analytical procedure. From the very first session there were clear signs of a positive transference, and by the third session a violent negative transference had come to the surface. My own approach was analytic, in so far as a great deal of what I was able to understand of the patient's words and behaviour was interpreted to him, and whenever possible, and that was frequently, the analytical material was related to the transference situation. The patient often showed a striking response to interpretations, either of relief or anxiety; he often confirmed what I said directly or indirectly, and at times corrected me. One may say that the analytic procedure in this case was in all essentials the same as in neurotic cases. However, I did not make use of the couch. Some slight adjustments of technique which sometimes became necessary, for example, the use I made of the nurses' reports, will be discussed at a later date. Here I will only emphasize that I never used any direct reassurance in my approach. However, the material presented by this patient was more difficult to understand than in the neurotic cases, and I had at times to understand and interpret quickly with very little material. At a later stage the analysis became similar to a play-analysis with children.

In order to give a clearer picture of the patient's behaviour, of his way of talking and his response to interpretations, I will report in some detail the greater part of the first four sessions and one later session. Before the first session the patient had been informed by a colleague that he would be seen by me regularly every day, with the exception of Sunday.

When the patient was alone with me for the first time, he sat down in a chair looking very puzzled and confused. After a few minutes he managed to say one word, 'RESURRECTION'. After that he again looked confused. I said, 'Resurrection means to become alive'. He looked straight at me and said, 'Are you Jesus?' I said that Jesus could do miracles and that he hoped I would make him well in a miraculous way. He then looked distressed and uncertain, and after a considerable silence he mentioned the name of Dr. A. who had treated him by physical methods for over a year. After another long pause, he said, 'Catholicism'. I interpreted that he had believed in Dr. A. and he felt disappointed because the treatment had failed. He then replied with emphasis, 'The Russians *were* our allies'. I replied that he felt that Dr. A. had been an ally and had now turned against him, and he was afraid that I also would turn from an ally into an enemy. He then said clearly, 'This is true'. He became now more rational and talkative and mentioned a number of his sexual problems, for example, circumcision, which he thought was a form of revenge, and he said, 'I do not understand love and hate.' Later on he said, 'There was a boy at school'; after a pause he continued, 'He sat beside me, the trouble was—a boy was sitting on the other side of him'. I interpreted that he began to like me as he liked the boy at school; but he wanted me to himself,

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roboration—coming from various psycho-analytic quarters—of Melanie Klein's concept of early introjective and projective processes, paranoid anxieties and schizoid mechanisms, which is an integral part of her contributions to the theory of the earliest stages of development.

and he realized I had other friends and patients. He agreed, but soon after this he became restless and got up from his chair and said, ‘ One must get out at once—I better go now ’, and later he mumbled, ‘ I must have a saw.’ I thought he was afraid of his jealousy of other patients and that he wanted to get away to prevent himself from hating and attacking me. After pointing this out to him, he still remained restless until the end of the hour.

To recapitulate the striking features of this session : this very ill and confused patient almost at once tried to relate his present experience with me to a previous one in terms of a personal relationship. The doctor who had stopped treatment with him had turned from a friend and an ally into an enemy in his mind. In asking me whether I am Jesus, he apparently thinks of me as of an omnipotent figure ; later he shows signs of forming a transference on a homosexual level. The anxiety about leaving me and the need for a saw was not sufficiently understood in the first session, but it implied his inability to separate parts of himself from me. Altogether his interest in me as an object is unmistakeable.

At the beginning of the second session, the patient looked considerably more confused than at the first and seemed preoccupied with hallucinations. He took no notice of me and looked round the room in a puzzled way, trying to fix his eyes on one spot and then another. He seemed completely out of touch with me. After some time I interpreted that he had lost me and that he was trying to find me again. He said distinctly, ‘ Not true ’, and continued his search round the room. Remembering his remark about the saw on leaving last time, I interpreted that he felt he had lost himself and that he was looking for himself in my room. His expression became almost immediately *less* confused and he looked straight at me, saying, ‘ One has to find one’s own roots.’ A little later he said, ‘ I do not know whether it is right liking you *too* much.’ I interpreted that he was afraid that by liking me too much he would get right inside me and lose his own roots and himself. He replied, ‘ I want to go on peacefully in *my own* way.’ After that he became absolutely still and did not move again for ten minutes. When I questioned him, he said he was afraid to move. After a pause he continued, saying that there was a heavy burden on his shoulder, and added quickly, looking at me, ‘ It is lighter now.’ I pointed out that he implied that he wanted to rid himself quickly of the burden.

In the first part of this session, the patient seemed completely withdrawn in a world of his own, oblivious of me and occupied only with visual hallucinations. He corrected one transference interpretation, referring to losing me ; but he responded to an interpretation that he had lost himself. This later interpretation is of course also a transference interpretation, taking into account that the patient felt that in loving me too much he had lost himself in my room, which was a symbol of me. The apparently narcissistic withdrawn state was clearly related to projective identification. What the burden on his shoulder meant and how it got lighter so quickly was not clear to me, but the expression of the patient’s face indicated that the burden had something to do with me, namely, that through introjection I had become an inner burden to him.

In the beginning of the third session, the patient was very restless and laughed a great deal in an aggressive challenging manner. He also was preoccupied with hallucinations and, when he was not laughing *at* me, he ignored me. At first no contact with the patient seemed possible and he said nothing. In observing his behaviour I noticed that he made movements with his hands, as if he was brushing me aside. I then interpreted that he wanted to show me that the treatment was no longer any good ; he said immediately, increasing his aggressive laughter, ‘ No good at all— ’ making movements with his hands as if everything had come to an end. I pointed out to him that he had expected a miraculously quick cure, and in disappointment and anger he felt he had destroyed me and had made me and the treatment no good. After this his facial expression changed, he looked frightened and suspicious, and when I spoke he jumped in his seat, as if I had attacked him. I interpreted that he felt muddled and confused, and that he blamed me for feeling so bad. He felt frightened when I spoke because he believed that I was putting words aggressively into him to muddle him. This was the reason why he was shutting himself off from me and why he tried to take no notice of me. I had to repeat interpretations of a similar kind several times, speaking very clearly and quietly. After some time he became less frightened and talked about colour schemes. Then he pointed to my blue diary and said it was brown. I took this to be a cooperative gesture, showing me more clearly what he felt, namely, that his attack had changed me into fæces and that as a revenge I was putting the muddle (fæces) back into him.

The striking feature of this session was the violent negative transference which came to the surface so soon after the beginning of treatment. His laughter expressed both a sadistic attack on me and a triumph over me. His anal attack had changed me into a persecutor. This persecutory situation was frequently repeated in different ways, and later on it became evident that one could not think of the attack as merely anal. I mentioned that at the end of the last session he talked about the burden on his shoulders. In later sessions he illustrated that the burden on his shoulders represented all the problems inside him, his introjected objects, anxieties, depressions, persecutions and his own bad self; and his phantasies of putting this burden on to me or into me were always felt by him to be a violent attack on me, in which I was not only changed into fæces, but into his own bad self.[4] Another point, which I can only touch upon, is the fact that whenever the patient felt he had got rid of his burden, he not only felt persecuted by me, but it seemed to him that he had put his burden into innumerable people, and so he felt split and divided into many men, who all turned into persecutors. Apart from the persecutions, he then complained of losing parts of his self.

Another important feature of this hour was the patient's withdrawal of interest. The schizophrenic's lack of interest and his withdrawal is frequently attributed only to his auto-erotism; in this session, however, and at later times it became clear that the withdrawal from the external world was related to his fear of persecution. When the external object representing the world had been attacked, the world was not only felt to be destroyed, but the external world and the objects representing the world outside became changed into persecutors. So the withdrawal of interest from the outside world was used as a defence against persecutors outside.

It was a very illuminating experience for me to realize that this patient, who in the beginning of the session was quite unapproachable, seemed to understand and respond to the interpretations of his persecutory fears in the transference situation. By the end of the session his laughter had completely ceased and he looked much less hallucinated.

In the fourth session he seemed to be better; however, he confused me at first with Dr. A. He said several times, 'That happened before,' or 'That was last time.' I interpreted his anxiety that everything would repeat itself and that I also would leave him, like Dr. A., which meant for him that I would turn against him. Then I linked the persecutory anxieties of the previous hour to the reality situation. I explained to him that when Dr. A. stopped treatment with him he thought Dr. A. had aggressively left him in a muddle. He felt this was a retaliation, because he thought he had made Dr. A.'s treatment no good in the same way as he had shown me the previous day that my treatment had become no good. The patient indicated several times that he understood and towards the end of the hour he said, 'I want to do everything to help'.

You will remember that in the very first session the patient had warned me of his persecutory fears, and when he said, 'The Russians *were* our allies'. In this session the patient's suspicions could be connected with the earlier experience of the treatment he had had before. The patient's persecutory anxieties relating to his being left were later on connected with earlier reality experiences, particularly with his mother, who had left him crying for hours when he was a baby.

We may sum up that in this hour the patient continued to work through his negative transference. The fear of repeating earlier experiences and the actual repetition of earlier experiences in the transference is of course one of the most important factors in any transference analysis.

I will now bring one later session (five weeks after the start of treatment) to illustrate in greater detail some of the aspects of the patient's object-relation which he repeated in the transference. I explained in the beginning that the patient's home was abroad; his father had brought him to England for treatment. Two days before this session, the father had left again for home. In the beginning of the session the patient looked a little confused but, without waiting for any comment or help from me, he said clearly, 'Confused', and, when I questioned him, he added, ‘ with father ’. After a struggle for words, he said, ‘ *I should* have stayed longer ’.[5] I pointed out that he showed how ‘ confused ’ he felt with his father, because he obviously meant that his *father* should have stayed longer. He immediately went on to say, ‘ Dr. A. committed suicide, through psychiatry, I mean.’ I pointed out to him that he also confused Dr. A. with himself. When Dr. A. stopped treatment he, the patient, was depressed and suicidal, but he felt he had put his depressed and suicidal self into Dr. A. I related this to his father’s departure and I reminded him how often he had shown his fear that I too would leave him. He then said, ‘ Atheism ’. I said he wanted to tell me he could not believe in anybody any more after his disappointment about his father leaving him now and earlier too in his life. He became however gradually much more interested and lively and looked very friendly and confidentially at me, as if he wanted to explain everything. He said, ‘ If one goes all the way one cannot retake everything ’. I then interpreted that when he loved somebody and believed in him or her, he wanted to go all the way, which meant to him that he went inside the other person and so he got mixed up and confused. He also felt that when he put himself into people he had difficulty in taking himself out again. I said it was very important to him that I should understand how much he put himself into me, and that this was one of the reasons why he was so afraid to be left, as he feared he would not only lose me but himself. He agreed wholeheartedly and again looked at me in a confiding way and said, ‘ A big-boned man eats a lot ’ and he made chewing movements. I said he was warning me of his greed and he showed me that, in his loving wish to get inside me, he was eating me up. He then uttered a great number of words, referring to the country of his birth, and he talked about colours. It was clear here that he felt a need to stress his separateness, and that the different colours represented different aspects of himself, a fact which we had understood before. He then asked, ‘ How is pink related to all this ? ’ As pink had become the code-word for oral wishes towards the penis, which we had analysed and discussed repeatedly, it was clear that the impulses to get inside me were stimulating his homosexual oral wishes. He got up and, finding a jug full of water, he drank from it ; then he leaned back making sucking and chewing movements. While he was doing so, he seemed quite withdrawn. I interpreted that when he was drinking, he had a phantasy of drinking from my penis and chewing it up. I suggested that the wishes to get inside me stimulated his wishes towards my penis. In his withdrawn state he felt confused with me, because he not only felt that he was inside me, but that he was eating me and my penis at the same time. He again became more attentive, he seemed to listen carefully and he agreed several times.

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[4] At one time when the patient felt he had got rid of his bad self as well as his guilt and anxiety, and had projected it into the analyst, he also became very *negativistic* for several days and refused food and drink. I have discussed this part of the analysis and the mechanisms used by the patient in greater detail in my paper 'Notes on the Psycho-analysis of the Super-ego Conflict of an Acute Schizophrenic Patient.'

In this session, the patient illustrated more distinctly the object-relationship which he had begun to understand in the second session. He now showed that *it is* oral feelings which predominate in his impulses to enter an object, which in his own words the patient called ‘ his going all the way ’. This led here to a state of confusion, which the patient was able to describe himself. When the state of confusion and the state of splitting was more severe, the patient was unable to speak and other ego-functions like coordination of movements were severely disturbed.

One important transference aspect which was dealt with in this session was the tendency to leave parts of the self in the analyst. This is important for the analyst to understand, because the interpretations of the processes of projective identification and splitting enable the patient gradually—to use my patient’s words—‘ to retake himself ’, which is necessary for the process of ego-integration.

Another interesting point is the apparently auto-erotic state the patient went into towards the end of the hour. The whole material of the session suggested that in the withdrawn state he was introjecting me and my penis, and at the same time was projecting himself into me. So here again I suggest that it is sometimes possible to detect the object-relation in an apparently auto-erotic state.

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[5] Nunberg’s patient felt sometimes confused with Nunberg. On such occasions he talked about Nunberg as if he and the analyst were one and the same person. For instance, the patient said: ‘ I want *myself* to go,’ instead of ‘ I want *you* to go.’ N. came to the conclusion that a narcissistic identification had taken place. He states that it is the *desire for the object* which in this phase led to the disappearance of the distance between the ego and the object. The patient had taken possession of the object and had incorporated it into the ego.

In my opinion the introjection of an external object does not by itself lead to confusion with the object. In all the cases of confusion of subject and object I have observed so far, projective identification, in addition to identification by introjection, had taken place. The desire to enter into an object is not only determined by an omnipotent wish to eliminate the distance between subject and object, but also to get rid of ‘ time ’ as this schizophrenic patient later on explained. The distance from the object or separation from the object is intimately linked with the awareness of the passing of time, because as soon as an object is desired, *instant* gratification of this wish is demanded.

In later sessions the patient often differentiated more clearly between objects within himself and parts of himself which were entering or being inside his object, in other words only at a later stage of treatment was it possible to distinguish between the mechanisms of introjection of objects and projective identification, which so frequently go on simultaneously.

SUMMARY

In this paper I have concentrated on certain aspects only of this case. I wished to illustrate that a severely ill withdrawn schizophrenic patient is capable of forming a positive and negative transference, that the transference can be observed and interpreted to the patient, and that the patient responded both to interpretations of the positive and negative transference. I also endeavoured to illustrate that the withdrawn state of the schizophrenic patient cannot be considered simply as an auto-erotic regression. The withdrawal of the schizophrenic may be a defence against external persecutors, or it may be due to identification with an object by both introjection and projection. In the state of identification which may be experienced by the patient as a confusion, the patient is aware of being mixed up with someone else (his object). Another purpose of this paper is to illustrate the regression of this schizophrenic patient to a stage of earliest infancy for which Melanie Klein has suggested the name 'Paranoid-Schizophrenic Position'. The patient shows signs of an object-relation, in which he has impulses and phantasies of forcing himself or parts of himself inside the object, which leads to states of confusion, to splitting of the self, to a loss of the self and to states of persecution in which visual and auditory hallucinations are pronounced.

This object-relation and the mechanisms developed from it and connected with it have an important bearing on many other neuroses and psychoses ; they have a particular significance, however, for the whole group of the schizophrenias.

I suggest that the greater understanding of projective identification is beginning to open up a new field of research and in this paper I have attempted to show how this made it possible to understand and interpret the transference phenomena of this schizophrenic patient.

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PATIENTS WHO SLEEP OR LOOK AT THE PSYCHO-ANALYST DURING TREATMENT—TECHNICAL CONSIDERATIONS[1, 2]

By W. CLIFFORD M. SCOTT, London

SLEEPING

For decades psycho-analysts have considered sleep a primary instinct activity. The wish to sleep has been considered to be the contribution of the ego. The aim of the instinct has been 'sleep' itself. The object of the instinct has also been described as 'the wish to sleep' or 'sleep' itself. More has been written about the object of the instinct than about the aim of the instinct. I have not been able to find in the literature the hypothesis which I am putting forward. My hypothesis is: 'The total satisfaction of sleep is waking or the act of waking up.' Usually the inference is that the aim is sleep—and more sleep.

My observations lead me to conclude that when sleepiness or sleep appears in analysis as a regressive defence, the primary wish to sleep is reactivated since there is in most patients evidence of sleep deprivation. As analysis of such regressive defensive sleep progresses, patients may not only sleep better between interviews but for a time sleep may occur more frequently during interviews. In my opinion the progress of analysis may be speeded rather than retarded by such mixed primary and defensive satisfactions—granted, of course, that all aspects of the activity are brought into analysis. A second conclusion has been that states described as 'blankness' and 'nothing to talk about', etc. are often defences against sleepiness or sleep. I have concluded that the easiest way to bring the nature of the aim of the impulse into consciousness (of course, in addition to interpretation) is to ask for association to the question 'If you slept, how would you like to wake or be wakened?'

Behaviouristic studies other than of the duration of sleep have not been common. The valuable reports of the effects of experimental sleep deprivation might have been noted more by psycho-analysts who have written about sleep. It was during such studies that delusions of being awake and amnesia of having slept (similar to symptoms frequent in some psychotic depressions) were first described in an experimental setting. Freud in *The Interpretation of Dreams* (1900), *Narcissism* (1914), *Group Psychology* (1921), *New Introductory Lectures* (1923), gradually added to our understanding of sleep as a state of libidinal narcissistic satisfaction. The view that sleep can become a defence against pain was first mentioned by Freud and elaborated by Jones (1923). Jones linked this defence to overcoming the recurrent pain of early extra-uterine tension, but did not advance any hypothesis to account for the gradually decreasing amount of time spent in sleep in infancy. Federn (1932) discussed waking up—chiefly in relation to somnambulism and to depersonalization. Isakower (1938) discussed falling asleep and waking. One example of waking which he gave was the opposite of the descriptions given of 'the end of the world' feeling. Waking brought a short-lived cathexis of an omnipotent creative wish—'a world and an ego are created'—like the memory of waking hungry and finding the meal ready. I have observed several similar examples. In the 1942 symposium only Simmel mentioned sleeping during analysis. He was, I think, the first to suggest that waking should be studied in more detail. He described somnambulism as if part of the external world had been internalized, but did not describe somnambulism during interviews where it can be observed and analysed directly. In 1938 at the Paris Congress (published 1947) I described delusional sleep or somnambulism occuring during an interview. I have observed a similar instance since. Lewin (1946) brought a new interest to sleep when he described the 'dream-screen' as representing

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[1] Read at the 17th Congress of the International Psycho-Analytical Association, Amsterdam, August 1951.

[2] The first part of this paper is an abstract of a paper read in January 1950 at a meeting of the British Psycho-Analytical Society. The second part is a summary of views not yet presented in elaborated form.

(1) the breast, (2) maximal sleep, (3) the 'sleep dream' when sleep is maximal and (tentatively) (4) the mouth-nipple situation. In 1948 Lewin elaborated these observations, but did not follow up the hint of his 1946 paper that a situation, namely, the mouth as well as the breast, is represented in the 'dream-screen.' Or put in another way—part of what becomes the ego as well as part of what becomes the object may be internalized and may appear in a narcissistic dream. Lewin has come nearest to describing what my experience has been—namely that sleep dreams may be defences against immediate sensory experiences. One such immediate sensory experience might, of course, be that of going to sleep. Recurrently patients express the following sequence of associations—

> 'I have forgotten a dream—
> I wish I could remember it—
> I have just remembered a dream I had about you—
> I feel sleepy—
> I want to go to sleep—
> If I slept I might dream—
> I wish I could remember you but I don't seem able to—
> I have just begun to day-dream of you doing something—
> I want to look at you, touch you, etc.—
> I want you'

Such sequences show the relationship between sleep dreams, waking dreams, and immediate sensory experience. Davidson (1945) began to relate sleep to aggression, but did not go so far as to describe an aggressive type of sleep. Jekels (1945) described the slowness of waking as related to waiting in infancy for the satisfaction desired on waking. But waking can be very fast—it can occur in a fraction of a second. The speed at which a patient can fall asleep or wake up has to be clarified. During interviews at least some examples of fast waking and some examples of fast falling asleep are used as defences against memories of a sleep dream or a day dream. Stone (1947) reported a patient who went to sleep as soon as he (Stone) spoke and woke as soon as he stopped speaking. Although such sleep was overdetermined he eventually related it to a conflict between the intrauterine type of sleep and the type of sleep that follows breast feeding.

The following example from my practice will show the type of material on which I have based the hypotheses already mentioned. The patient was an elderly, energetic, depressed, obsessional man who had come to analysis chiefly for depression associated with rumination about having fallen hopelessly in love thirty years previously. He often went to sleep late at night after spending hours compulsively reading, thinking, or doing crossword puzzles. In the fourth year of analysis a stage was reached when defensive oscillations between early oral and visual interests began to play an important role. He began to have periods of silence whereas previously detailed precise reports had filled interviews. The silences were later described in terms of blankness, but often some emotion was mentioned when the silence was broken. The silences could be understood as defences against communicating annoyance, pleasure, and boredom. His boredom was chiefly related to his wishing me to take action —I was to take the initiative. Recurrently this could be interpreted as similar to the feeding situation in which he had waited blankly and defensively for mother. Only after the blankness, etc., had been interpreted as a defence against sleepiness and sleep, I first realized that he was asleep during a silence when he snored. Previously he had associated to the question 'How would you like to wake if you slept?' by stating he would wake as soon as he was spoken to. He appeared to awake immediately when I asked him to try to tell me what had happened, but he was not able to give any memories or associations regarding going to sleep or waking. During later silences I was able to infer that he had been asleep and during sleep had dreamt that he had been awake lying blankly and silently. This inference was possible by my having heard him snore—he couldn't remember sleeping, or waking, or snoring. At other times he relaxed so much that he snored when he was awake. Sometimes after snoring he would say immediately that he had been so relaxed and blank that he had snored, but had not slept. In other interviews we inferred that he had slept and dreamt that he had been awake, blank, relaxed, and that he had snored as sometimes he told me he had snored when I had not heard him. Evidence accumulated regarding the unconscious conflict about going to sleep and waking up. He remained unconscious of any conflict about talking of the sensations, memories, images, etc., when he was very sleepy—he went to sleep instead. He was also either passive with regard to waking up (he woke immediately I spoke) or unconscious of waking up. When I interpreted that the psycho-analytic situation was so allied to his feelings of the feeding situation that he was not separating them, he became conscious of the fact that he could neither have a phantasy nor a memory of the situation he was in (he had no sensations of his body on the couch when he became blank)—he began to realize how very blank the blankness had been. He became more silent and slept more. Once after mentioning that one way of dealing with weaning was to become a woman and of how much more like a child he felt with a new female friend, he became silent and after three or four minutes snored. After thirty minutes he was asked to try to talk of how he wanted to sleep or wake—he said ' I was hovering between sleeping and waking up—it was different from the other times—I wonder if the level was fluctuating—or did I dream I was awake—it didn't seem that I was awake—did I snore—I had the impression that I had it within my power to think of something—but I didn't want to think of anything—the position here was like in water or in a liquid—I could be on the surface—or in it to various depths.' These associations were interpretated as referring to a defensive oscillation between wishing to be conscious of his mother —(he had said—' I could think of something ') or to be conscious of me (he had said ' As soon as you spoke I was instantly attentive '). I connected his statement of ' thinking about something ' and ' feeling as if in a liquid ' with the early feeling of both having taken his mother into him and of his having gone into his mother. I connected his talk of thinking (his thoughts are very much inside) and his talk of feeling (feelings to him are mostly something other people have) with the split he had made between thinking and feeling—between the mouth and the nipple. The first fifteen minutes of the next interview dealt (1) with the access of energy he had felt since the previous day; (2) with a dream he had forgotten which he felt was connected with his wishes to be a woman or to be bisexual and (3) with his desires to be rid of having so much satisfaction from intellectual activity. On this note he became silent. After fifteen minutes he said in a sleepy voice ' Something to do with a balloon—I didn't use it—like my dream last night '—after ten minutes' further silence he suddenly said ' Did you say—no—no, you couldn't—I must have been dreaming.' His associations were to his hiding breast memories behind his intellect—to wondering whether thinking is like a cow ruminating—to anger at not being able to enjoy pleasure in psycho-analysis—to anger at my not giving him the pleasure he would have liked his mother to have given him—to his wanting me to make use of his productions as he would have liked his mother to have appreciated his sucking.

In these examples I think I have given enough material to show how ' working through ' may mean dealing with many periods of silence, sleepiness, and the sleep before the patient approaches consciousness of the primary sleep wish and wake wish.

LOOKING

Interest in sleep and its connection with oral satisfaction led me to what I think may be new observations connecting oral motor sensations and oral touches with sounds and sights, skin sensations, etc. and with feelings of movements which spread to the stomach, the bladder, the bowels, etc. Just as we lack descriptions of primary waking (if there is such a state) we lack descriptions of the early type of waking before looking or waking in order to see. We know much about the later derivatives of looking and sleeping (e.g. the visual sleep dream) but little about the origins of the connection between looking and waking.

Patients show unconscious desires to look; impulsive acts of looking; conscious wishes to look; phantasies of what the psycho-analyst will look like if they look and deliberate acts of looking and descriptions of what is seen.

During psycho-analysis of children looking recurrently comes into interviews, but usually not until adolescence does the problem arise of how psycho-analysis can be carried on most efficiently as far as the ocular relationship between analyst and patient is concerned.

> When a patient looks away, or
> doesn't like being looked at, or
> wants to hide his facial expression, or
> doesn't want to be concerned any more about what his face looks like, etc.,

we are usually up against anxieties about the body surface on the one hand and the inner situation on the other. With adolescents I have found defensive oscillations between looking at and looking away from the analyst continue more or less until the end of treatment. With adolescents one sees more clearly the relationship between the looking that usually occurs at the beginning and at the end of the interviews and the recurrent desires to look or actual looking during the interviews. Adolescent looking can usually be quickly connected with anxieties about acting out other desires, touching, for instance. I have found that, if the defences (and some are, of course, the beginnings of ego-syntonic defences) and both the substitute and primary impulses are analysed, there may be for a time more looking but also more progress.

With adults the situation is different. Here I should describe my couch. It is flat, well-sprung, 6¾ x 3 feet, has no back, and is not against a wall. Patients use one, two or no pillows, a pillow cover, and a rug beneath their feet. I sit behind the couch at one end. The cushions are on the couch at the beginning of an interview. In other words, the position of the pillows suggests a way for the patient to lie. Nevertheless the shape and position of the couch do not cramp movements as some psycho-analytic couches do. Some patients start analysis with ' Of course, you don't like to be looked at, do you—Freud didn't like it, did he ? ' But there are also naive patients who have never heard of Freud and flop down, elbows on the pillow, chin cupped in palms with a ' now what ' expression. Patients may lie on their back or stomach, they may lie on their right or their left sides, or they may wish to lie with their head at the opposite end of the couch, but each movement, position, or wish can furnish material for furthering the analysis.

The variations between such wishes, postures or movements can be discussed under the headings of reality, symbolism and transference.

(1) *The Reality Problem.* A patient may say ' Why shouldn't I look—the cat can look at the Queen ', etc. This attitude may persist until its implications in the situation have been interpreted and worked through. Often the patient looks to hide defences against remembering or anticipating. The patient may use looking in order to avoid the psycho-analytic rule, namely, verbalization of what is conscious. Each look or ocular change is accompanied by a change in consciousness unless, of course, the patient is unconscious of having looked or of having seen anything. One problem with children and adults, whether neurotic, psychotic, defective, or normal is to discover how ocular activity can hinder or help the progress of analysis.

(2) *Symbolism.* There is always over-determination in the act of looking. This was illustrated by a patient who always looked when she said she couldn't eat. She had to look in order to see that she hadn't eaten. Looking can symbolize functions, such as eating or vomiting. Looking can symbolize a mechanism—introjection or projection. Interpreting acts of looking may lead to the first insight the patient develops regarding a new zonal activity or a new mechanism. A patient may wish he had an eye somewhere else and his eyes may move. The eye may be symbolic of some other organ. Much displaced material may be worked through first in terms of ocular memories, fantasies, or acts before it is worked through in its primary terms.

(3) *Transference.* Discrepancies between the memory or anticipatory image of the analyst and the sensation of the analyst give material for transference interpretation and often stimulate counter-transference with its stimulus to self-analysis. The patient may say one looks dead, scornful, tired, relaxed, nice, etc., and such remarks may be repeated in a persevering manner—in other words, the patient may keep observing, hoping the expression will change. Usually such perseveration is a defence against looking away or closing the eyes to see more clearly what the wish is. Looking at a minute detail of facial expression will often stimulate the wish or act as a defence against the wish to analyse the analyst. Mutual looking by the patient and analyst is not as incompatible as is mutual talking at the same time. Mutual looking in this way is often related to kissing or fighting or other acts that can be mutual. Consciousness of the eye plus the mouth often becomes the substitute for that which was earlier primarily entirely perceived as oral. Sometimes a patient may watch the movements of the analyst's lips and tongue (keeping his mouth meanwhile wide open) and he may not hear what was said. Such behaviour gives the opportunity of interpreting regression to the time of lack of discrimination between noise made by the mother and noise made by the rest of the world and to the time of lack of discrimination of the eye as an organ of sight. At such times cathexis of the open eyes and open mouth appear to be equally shared.

Just as technique developed in adult psycho-analysis paved the way for child analysis, so also aspects of technique brought into adult analysis from child analysis may create a situation in which oscillations between the regression and progression can occur more rapidly, allowing little bits of experience to be worked through at a time. In child analysis body movements are allowed expression, made use of in interpretation, and furnish one of the ways we observe ego development during analysis. In adult analysis greater use of movement[3]—including eye movements—may increase the speed and depth of analysis. By such experiments we may become able to bring into adult analysis the implications of earlier and earlier problems, and perhaps we may learn how to prevent the occasional long-term regressions which may occur during psycho-analytic treatment and which make further analysis difficult.

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[3] Did time permit, detailed reference should be made to the recent work of Hoffer regarding hand movements and to Felix Deutsch and Gostynski regarding general body movement.

SUMMARY

If more attention is paid to defences against sleeping and looking as well as to their substitute and primary instinctive aspects, an increased amount of sleeping and looking may enter the analytic situation. Such a development may furnish new material to be used in interpretations and may speed rather than retard the progress of the analysis.

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BEETHOVEN AND HIS NEPHEW[1]

By RICHARD AND EDITHA STERBA, DETROIT

The vast and still growing literature about Beethoven deals not only with the musical creations of the great composer but to an amazing extent also with his personality. The fascinating impact of this unique, powerful, bizarre, and wilful man affects us to this very day. When Sigmund Freud remarks in *Moses and Monotheism* that great men move us to acknowledge them such by something beyond the admiration of their grandiose creations, he mentions three examples: Goethe, Leonardo da Vinci, and Beethoven.[2] The psychologist faces no easy task in attempting to apply his knowledge to such a great figure. Hero worship and glorification have deposited layers of distortion even within himself, and he must remove these in order to recognize the emotional strivings and defences which motivate the great man just as they do ordinary human beings.

We know little of Beethoven's childhood. His father, who conducted his early musical education, was a very harsh and severe man who drank heavily. His mother was a quiet, somewhat disillusioned, even-tempered woman who seemingly did not try too hard to protect her son from his father's tyranny and ill-treatment. She died of consumption when Beethoven was seventeen. Those who knew the child Ludwig describe him as an introverted, brooding, and wilful boy who seemed deeply attached to his mother.

Beethoven had two brothers, Karl four years and Johann, six years his junior. Soon after his mother's death his father was dismissed from his post as a court musician at Bonn for disorderly conduct, and his pension was paid to his son Ludwig, who was also a court musician of the Elector. At the age of seventeen Beethoven thus became the head of the family and combined the roles of father and mother in relation to his younger siblings. Brother Karl was then thirteen and brother Johann eleven. Beethoven's biographers emphasize the heavy burden which he had to assume at this early age, but we learn at the same time that this period of responsibility for his family was also a rather happy one, in which the talented young musician made many important social contacts and received wide recognition as a pianist and composer. For further musical education the Elector sent him to Vienna to study with Joseph Haydn. During his leave of absence the French invaded the Electorate, so that Beethoven could not return. This, with his success in the capital, led him to settle permanently in Vienna. His performance as a pianist soon secured him a large enough income to continue his protective and supporting attitude towards his brothers. He urged them to come to Vienna, and they followed him there. He found work for Karl, the elder, who was a musician of sorts, while Johann, who had finished his apprenticeship as a pharmacist, found a job as an apothecary. In the meantime their father had died.

Beethoven's relationship to his brothers was a very strange one, full of contradictions. He was deeply attached to them, but in a very dominating way. If they did not follow his advice or his orders, or if they spoke up to him, he would become very irate and impulsively break off the relationship in insulting letters. But he would soon regret this step, and approach them once more in great remorse and with irrational over-affection. During these periods of Ludwig's indulgent weakness the brothers, particularly Karl, the musician, had much influence on his professional and financial affairs. Ludwig's emotional attitude towards his brother Karl was specially intense, and was accompanied by an over-estimation of the brother and that blindness to his faults and shortcomings which characterizes such strong emotional attachment. The nature of this relationship to Karl, whose details it would take too long to describe, leaves no doubt that Ludwig's attitude towards his brother was that of a mother to a child, or more exactly, that of an unreasonable, highly emotional mother to her son. Ludwig behaved towards Karl exactly as a mother of this type does towards her son. He adored him, gave in to his demands, was blind to his faults, found excuses for his misbehaviour, and forgave him everything—so long as he felt sure that Karl was his own possession. But the relationship became very much cooler when Karl married in 1806. Beethoven, obviously disapproving the marriage, withdrew from his brother, and for seven years the contact remained very loose. Karl changed his profession and became a cashier in government employment which secured him a moderate but steady income.

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[1] This paper is composed of excerpts from parts of a book on the subject which is in preparation. It was read at the 17th International Psycho-Analytical Congress, Amsterdam, 1951.

[2] Sigmund Freud, *Moses and Monotheism*, New York, 1939, p. 171.

In 1813 Karl fell ill with consumption. This brought Beethoven again closer to him; he showed much concern about his brother's health and supported him financially. In many respects he acted towards Karl like a mother would towards her sick child; for example, by trying to fulfil his brother's whimsical wish for peacocks and similar unreasonable demands. At the same time his negative attitude toward Johanna, Karl's wife, became very intense. He regarded her more and more as an evil influence who was responsible for his brother's sickness. His suspicious and mistrustful attitude toward Johanna as a malignant force reached its height after Karl's somewhat sudden death in 1815, when Ludwig claimed that his brother had been poisoned by his wife. Beethoven's physician and friend, Dr. Bertolini, made an examination of the body in order to disprove Ludwig's irrational claim and to prevent him from getting into trouble on account of his open accusation that Karl had been murdered by Johanna. The examination proved that Karl had died a natural death.

Karl had left a son, the famous nephew, whose name was the same as his father's. In order to avoid confusion we shall call him simply 'the nephew'. At his father's death he was nine years old; he is described as a bright, good-looking youngster. Up to the last illness of his brother Karl, Beethoven had shown no interest in the nephew. He is not even mentioned once in the hundreds of Beethoven's letters which give so much information on the details of his life and the subjects and objects of his interests. However, at the time when brother Karl's illness seemed to take a fatal turn, Beethoven must have developed a special interest in the boy, for one day before his death Karl made an addition to his will in which he said: 'Since I have noticed that my brother Ludwig van Beethoven wants to take my son Karl wholly to himself and to withdraw him completely from his mother's supervision and education, and since between my brother and my wife there is some lack of harmony, I find it necessary to add to my last will the declaration that *under no circumstances* do I wish my son Karl to be removed from his mother, but that he should remain with his mother as long as his future destiny permits.' At the end of this document he recommends to his wife 'conciliation' and to his brother 'more moderation'. 'May God grant that they be in concord for the benefit of my child. This is the last wish of the dying husband and brother.'[3]

But Beethoven heeded the last wish of his dying brother not at all. He was determined to take exclusive possession of the child. In accordance with the terms of the will, the court appointed Johanna van Beethoven guardian and Ludwig van Beethoven co-guardian of the boy. Beethoven immediately contested this decision, demanding that Johanna be excluded from the guardianship as well as from all contact with the boy. He attested that Johanna had once been sentenced to a month's confinement to her own home for embezzlement. After much excitement, struggle, scheming, and falsification of facts, and the use of influence by his friends in the nobility, Beethoven obtained from the court not only the exclusive guardianship but also a ruling that the mother might see her son only when and where the uncle saw fit to permit. Beethoven had achieved his goal; the boy belonged to him; the 'evil' mother could not have any influence on her son.

The effect of this success upon Beethoven was tremendous. All those around him remarked on it. It was as if life had started anew for him. From his letters we receive the impression that he experienced an elation and exuberance such as are brought about only when some event in one's life removes a severe impending danger or fulfils a long-standing, deep-rooted wish. For him the exclusive possession of the nephew did both these things. To understand this we must examine his relationships to women.

Beethoven remained unmarried throughout his life. We know little—in fact, nothing concrete—of his love-life. Although the reports about it from different sources are somewhat contradictory, they leave us with the general impression that his love-relationships were inhibited, cautious, and unsuccessful. We have no knowledge of any fully consummated love affair, although one document exists which expresses a deep feeling for a woman. I refer to the famous three letters to ‘The Immortal Beloved’. These letters are praised again and again in the Beethoven literature as a proof of his ardent and burning love for the woman to whom they are addressed. They were found in his chest among many personal papers after his death. It is not known in what year they were written nor to whom. They are here reproduced, with a short analysis of them.

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[3] A. W. Thayer, *L. v. Beethovens Leben,* Leipzig, 1911, Vol. III, p. 518.

July 6, in the morning.

My angel, my all, my very self—only a few words to-day and at that with pencil (with yours)—not till to-morrow will my lodgings be definitely determined upon—what a useless waste of time. *Why this deep sorrow where necessity speaks—can our love endure except through sacrifices*—except through not demanding everything—can you change it that you are not wholly mine, I not wholly thine? O God—look out upon the beauties of nature and comfort yourself with that which must be—love demands everything, and that very justly—thus it is with me so far as you are concerned, and you with me. If we were wholly united you would feel the pain of it as little as I.—My journey was a fearful one; I did not reach here until 4 o'clock yesterday morning; lacking horses the post-coach chose another route—but what an awful one. At the stage before the last I was warned not to travel at night—made fearful of a forest, but that only made me the more eager—and I was wrong; the coach must needs break down on the *wretched road*, a bottomless mud road—without such postilions as I had with me I should have stuck in the *road.* Yet I got some pleasure out of it, as I always do when I luckily get out of something. Now a quick change to things internal from things external. Soon we shall surely see each other; moreover, I cannot communicate to you the observations I have made during the last few days touching my own life—if our hearts were always close together I would make none of the kind. My heart is full of many things to say to you—Ah! there are moments when I feel that speech *is nothing* after all—cheer up—remain my true, my only treasure, my all, as I am yours; the gods must send us the rest, that which shall be best for us.

Your faithful Ludwig.

Evening, Monday, July 6.

You are suffering, my dearest creature—only now have I learned that letters must be posted very early in the morning. Mondays, Thursdays,—the only days on which the mail-coach goes from here to K. You are suffering—Ah! wherever I am there you are also. With me and you I will work so that I shall live with you, what a life! ! ! ! Thus without you—pursued by the goodness of mankind hither and thither—which I as little try to deserve as I deserve it. Humility of man towards man—it pains me—and when I consider myself in connection with the universe, what am I and what is he whom we call the greatest—and yet—herein lies the divine in man. I weep when I reflect that you will probably not receive the first intelligence from me until Saturday—much as you love me, I love you more—but do not ever conceal your thoughts from me—good night—as I am taking the baths I must go to bed. Oh, God! so near, so far! Is our love not truly a celestial edifice—firm as Heaven's vault!

Good-morning, on July 7.

Though still in bed my thoughts go out to you, my Immortal Beloved, now and then joyfully, then sadly, waiting to learn whether or not fate will hear us. I can live only wholly with you or not at all—yes, I am resolved to roam around so long away from you until I can fly to your arms and say that I am really at home, send my soul enwrapped in you into the land of spirits.—Yes, unfortunately it must be so—you will be the more resolved since you know my fidelity to you, no one can ever again possess my heart—none—never—Oh, God, why is it necessary to part from one whom one so loves and yet my life in W (Vienna) is now a wretched life—your love makes me at once the happiest and the unhappiest of men—at my age I need a steady, quiet life—can that be under our conditions? My angel, I have just been told that the mail-coach goes every day—and I must close at once so that you may receive the letter at once. Be calm, only by a calm consideration of our existence can we achieve our purpose to live together—be calm—love me—to-day—yesterday—what tearful longings for you—my life—my all—farewell—Oh continue to love me—never misjudge the most faithful heart of your beloved L.

ever thine
ever mine
ever for each other

These are the only letters in which Beethoven addresses a woman with the intimate ‘Du’ (Thou). Volumes have been filled with ingenious speculations as to who the mysterious lady might have been who was able to excite the great man to these passionate expressions. None of the results of these speculations remain uncontradicted, and none of the women who were considered could prove that she was the person addressed, though all of them were most eager to do so.

To the psychologist, what is of greater interest is what the letters tell about the person who wrote them. There is no doubt that they were written under the immediate impact of a most exciting emotional experience with the beloved. The writer is deeply filled with it. We cannot help gaining the impression that in the composer's life a single bolder advance into the realm of love to the other sex has been attempted here. How far it went it is impossible to surmise, but at any rate it was too far for him. For the letters—in spite of their glowing expressions of love—have to be recognized as a refusal, as a declaration of withdrawal and as an invitation to renunciation. From this recognition we can easily reconstruct the essence of the occurrences to which the composer reacted in the letters. However the mutual attraction of the two lovers might have found its expression, there can be no doubt that the 'immortal beloved' declared her affection for him. She would not accept his objections to a permanent union, and she suffered because he insisted upon them when he was separated from her. Only with this in mind can we understand the first sentence of the first letter, which is related to the events: 'Why this deep sorrow where necessity speaks—can our love endure except through sacrifices—except through not demanding everything? The painful charge of the beloved that he lacks initiative he tries to meet with the not very effective consolation: 'O God! look out upon the beauties of nature and comfort yourself with that which must be.'—Though he expresses the intention and the hope of seeing her soon, he does not say what he is going to do about it; 'the gods must send us the rest, that which shall be best for us.'

The psychologist cannot but attribute some importance to the fact that in this letter, which emphasizes the necessity of renunciation, the description of the dangers of his journey is inserted. Ludwig had not heeded the warning, had braved the night, had tried not to dread the forest; but the road was horrible and bottomless, and thus the vehicle had to break down. Only with great efforts was he saved, and happy now to be out of danger.

The second letter emphasizes the suffering of the beloved, but the writer does not say that he himself suffers, or that her suffering motivates him to any concrete action that might end it. When at the end of this letter he compares their love to a celestial edifice and emphasizes the firmness of their feelings, this cannot be anything but a compensation for his inner urge to let the beloved suffer through his inhibition and defence, and a denying counter-affirmation against the inner recognition that his own love is waning.

The third letter shows that during the night his resignation and his turning away has made further progress. He does not expect or hope to see his beloved soon, but has decided to roam apart from her till he can fly into her arms, which could hardly be brought about by his wandering around. 'Yes, unfortunately it must be so', he writes, and deplores his inner need to give up the beloved. 'Oh God, why is it necessary to part from one whom one so loves?' He even motivates his retreat. 'At my age I need a steady, quiet life—can that be under our conditions?' His last admonition, 'Be calm, only by a calm consideration of our existence can we achieve our purpose to live together' is a tragic admission of his incapability to be active and formative in the realm of his love-relationship with women. It is characteristic that he signs this letter as 'your beloved' instead of 'your loving Ludwig'.

The inhibition of his love-strivings and the defensive counter-current within him finds its expressions in still another smaller sign, which, however, is no less important. He is not sufficiently careful in finding out when the mail-coach goes to K., and twice he has to correct his opinion about it. We can safely assume that finally he did not post the letters at all, and that the 'immortal beloved' never got to see them. As in the case of other papers on which he had written something, Beethoven could not part from them until his death.

One characteristic, or rather apprehension, of his is very significant for the understanding of his heterosexual inhibition. He was extremely anxious not to arouse the slightest suspicion that he might be interested in another man's wife. We feel justified in assuming that his libidinal inhibition was the defence against his oedipal strivings. This defensive attitude against women turned them into dangerous objects, not only for himself but for his brothers and male friends as well. Even in the earliest letter to Johann which has been preserved he warns his brother, then twenty years old, to beware of 'the whole sisterhood of bad women' (die ganze Zunft der schlechten Weiber) in Vienna.[4] Many years later, when he found out that Johann, then a fairly well-to-do pharmacist in Linz, was interested in a girl who lived with her married sister in Johann's house, he travelled to Linz and tried to persuade his brother to give up the relationship and send the girl out of the house. When Johann refused to obey him, Beethoven went to the Bishop of Linz and to the magistracy to have the girl expelled from the town for indecent conduct. He had influence enough to obtain her eviction ; she was ordered to leave the town within a short time. Thereupon Johann quickly married her before the deadline.[5] Ludwig had lost his fight to save the brother from the dangerous woman. He had to leave Johann in her hands, and was even beaten up by his brother, who was much bigger and stronger than he. This was in 1812. We have already seen how he renewed the attempt to rescue another relative, his nine-year-old nephew, from the female danger, and how this time he was victorious. The boy now belonged to him legally. This victory must have made him doubly triumphant after his previous defeat.

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[4] Beethoven's letter to Johann, February, 19, 1796, in A. Kalischer, *Beethoven's Sämtliche Briefe*, Vol. I, p. 21.

Among the many vicious and venomous attributes which Beethoven ascribed to Johanna (at various times he called her impudent, worthless, pestiferous, bestial, promiscuous, and rotten) one epithet was particularly favoured by him, and appears repeatedly in letters and conversations with his friends. He called her ' Queen of the Night '. It will be recalled that in *The Magic Flute,* the only opera of Mozart which Beethoven accepted (the others, such as *Don Giovanni* and *The Marriage of Figaro,* he condemned for their lascivious heterosexual content), the Queen of the Night represents the evil principle which the high priest, Sarastro, seeks to fight and destroy. Beethoven said himself that he punished Johanna as Sarastro did the Queen of the Night, but more severely. The struggle for the nephew against the ' Queen of the Night ' was for him a mission on a high ethical level. Johanna, and with her all women, represented the principle of evil from which he felt it his task to save the men near and dear to him. The possession of the nephew was a triumph of defence against the danger of heterosexuality.

In this short paper it is not possible to examine fully another and deeper reason for Beethoven's defensive attitude against women. We can only mention in passing that the idea of being poisoned by a woman, which he constantly feared for himself as well as his nephew, shows that in the deeper layers of his personality the danger was of an oral-aggressive nature.

The descriptions which have come down to us of Beethoven's relationship to his nephew during the period of guardianship leave no doubt that yet another deep satisfaction was afforded by his possession of the boy. When we learn from observers that once the boy fell asleep on his lap during a musical evening,[6] that Beethoven allowed himself to be pushed about when the nephew climbed on him and almost knocked him from his chair,[7] that he fought for the possession of the child ' like a lioness for her cubs ',[8] that ' his eyes sparkled with joy when he looked at him ', that ' all the love that was in his rich and deep soul was concentrated in this one object '[9] (these are all quotations from contemporary observers), when we learn further that he had the greatest hopes and expectations for the boy, who he believed would surely become a great artist or scientist, that he tried to take care of his physical needs, that he, the clumsy, unworldly, inexperienced, most impractical, utterly helpless man of music, tried to set up a household for him which was a complete failure—when we further learn that he even concerned himself with the details of the boy's clothing, shoes, socks, the amount of linen he would have to buy in order to have his underdrawers mended—when we hear all this, we cannot doubt that in the relationship to his nephew Beethoven experienced the bliss of motherhood.

Even the way in which Ludwig himself described how he acquired ' his child ', as he calls his nephew, leaves no doubt as to the nature of his acquisition. He writes about this to Countess Erdödy :

> . . . My brother's death caused me great pain, but afterwards great labour (*grosse Anstrengung*), in order to save my dear nephew from his rotten mother; now I have to take care of him like a father of his child, for this he now is to me.

Whenever he calls himself ' father ' of his nephew, we have to replace this by ' mother ', for this is what he tried to be to his nephew from then on.

The acquisition of the child, which he always calls his ' rescue ', becomes perfectly clear in its psychological significance in the following sentence from a letter to a lawyer friend in Prague :

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[5] Thayer, *op. cit.*, Vol. III, p. 343.

[6] Friedrich Starke, Kerst, *Erinnerungen an Beethoven,* Vol. I, p. 239.

[7] Fanny Giannatasio, Kerst, *Erinnerungen an Beethoven,* Vol. I, p. 211.

[8] Friedrich Wähner, Kerst, *Erinnerungen an Beetoven,* Vol. II, p. 102.

[9] *Ibid.*

> . . . I am full of worries, for I have become *actually* bodily the father of my deceased brother's child (*wirklich leiblicher Vater*) and on this occasion I could have just as well *brought into this world* the second part of the Magic Flute, since I have to deal with a ' Queen of the Night ' also.

But ' labour ' and ' bringing into the world ' are the function and achievement of a child's mother. The rescue action through which he acquired the nephew was experienced by the uncle psychologically as a *birth act*, through which his brother was reborn as his own child. The identity of the names of brother and nephew facilitated this phantasy experience.

Before the death of his brother Karl, Beethoven had written to a friend : ' You are living *happily*, you have *children* ; neither is true of me.'[10] Shortly after receiving the sole guardianship of the nephew, he wrote to another friend : ' You are a man and a father ; so am I, but without a wife.'[11] He did not need a wife, for he had satisfied this need by identification. From this time on in Beethoven's life we find no manifestation of a deeper interest in woman.

Soon after he had obtained sole possession of the nephew Beethoven developed a hypochondriacal fear of consumption. It is reported from different sources, for example, how he spat into his handkerchief and carefully examined the sputum for signs of blood, much to the disgust of the others at the dinner table. This hypochondria may very well have served two purposes. In it he probably experienced the punishment for his actions in the matter of his nephew, which were so completely in opposition to the dying brother's last wish, while at the same time it might indicate the identification with his own mother, who had died of consumption. For Beethoven had developed the same hypochondriacal fear once before, shortly after the death of his mother.

Beethoven placed his nephew in a boarding school, whose head was Giannatasio del Rio. He took a lodging near the school and visited the boy at the headmaster's house almost every evening. He had him brought to his apartment when he was free from school work. It was arranged that the mother was to see her son only once each month for a short time, first at Beethoven's apartment, later at the school in the presence of a teacher whom Beethoven thought reliable ; but even these meetings were not permitted every month. At one time the mother was unable to see her child for six months. Ludwig thought that in this way he was rendering the mother powerless and nullifying her menace to the boy.

Two factors threatened the blissful maternal relationship to the nephew and became increasingly disturbing to the uncle. Johanna, the mother, did not relinquish her desire for her child, and the boy revealed that he had not forgotten his real mother. It is certainly strange that hardly any of Beethoven's many biographers have remarked either on his outrageous act in tearing a nine-year-old boy from his mother for very flimsy reasons, or on the cruel and inhuman measures which he took to prevent even a temporary reunion of two hearts which belonged to each other by virtue of the most fundamental relationship that can exist between two human beings—the bond between mother and child. So great is the need for idealization and hero-perfection in those who write about great men.

We must forego any detailed description of how the mother tried to meet her boy secretly, how she dressed as a man in order to be able to see him in the school playground after Beethoven had decreed that no woman should be allowed to enter the school premises,[12] how she bribed Beethoven's servants and those at the school in order to get some information about her son. It is easy to understand that all this was most disturbing to the boy. When we further learn how Beethoven was no less uncontrolled in his behaviour in the boy's presence than he was generally, how he alternated between over-affection and harshness, how he openly expressed his mistrust of people—particularly of all servants—and his ambivalent attitude towards close friends, how he declared his hatred of mother Johanna, how he was full of glee when the child, at the instigation of his uncle, called his own mother a *Rabenmutter*, the German term for a cruel, heartless mother, then we can well understand why the nephew did not do well at school and showed traits of irresponsibility. This greatly disturbed the composer, who felt frustrated in his high aspirations for ' his ' child. But he had no insight into his own contributions to the nephew's disorders, and attributed them solely to the mother's evil influence. When the boy, then twelve years old, once ran away to his mother, Beethoven was thrown into utter despair. When we read that he wrote about this incident in his letters to his friends and publishers and to the Archduke Rudolf, his great patron, we might suppose that his world had come to an end. He regained the child by threatening police action against the mother, who had hidden him in her apartment. Another lawsuit followed, after which the child was given back to the mother as sole guardian and came to live with her. The uncle appealed against this decision ; the court of appeal withdrew the guardianship from the mother and gave it back to Beethoven, whereupon she addressed a petition to the Emperor. This was rejected through the influence of the Archduke Rudolf, the Emperor's brother, and Beethoven's pupil and friend. By this final decision of the Supreme Court the child, now fourteen, was given to Beethoven for the rest of his (Ludwig's) life. The struggle for him had lasted for almost five years, during which time Beethoven had practically ceased composing because of the emotional turmoil with which it had filled his mind.

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[10] Letter of April 12, 1815, in Kalischer, *op. cit.*, Vol. II, p. 270.

[11] Letter of September 29, 1816, *ibid.*, Vol. III, p. 57.

[12] Fanny Giannatasio, *op. cit.*, Vol. I, p. 213.

After 1820, the nephew was secured against his mother's evil influence, but the exclusive possession of the boy did not permanently assuage the conflict in Beethoven's tortured mind. He was driven to try another rescue—this time brother Johann again. Beethoven wrote numerous letters urging Johann to give up his wife. He writes to him reassuringly : ' Invisibly I will hover over you and work from afar through others so that the bitch cannot cut your throat.[13] He got his later biographer, Schindler, who was at that time a kind of famulus to him, to spy on the brother's wife to find out whether she was unfaithful to her husband. But again Ludwig was unsuccessful with Johann, who did not give up his wife in spite of all Beethoven's efforts made over a period of seven years. This failure contributed greatly to Ludwig's misery during the last years of his life. But even in the relationship to the nephew, the never-ending conflict in his mind began to make trouble again.

By 1819, when Beethoven was 49 years old, his deafness had already gone so far that verbal conversation with him was no longer possible. His partners in conversation had to write down their parts in notebooks, which Beethoven preserved. He left 400 such ' conversation-books ' at his death. Schindler, his first biographer, burned 263 of these because they contained material which he judged unsuitable for transmission to posterity. But even those which remain [14] are a unique source of information on Beethoven's ideas, interests, fears, preoccupations, and the kind of relationships in which he stood to different people. Of course, we are forced to draw our conclusions from the one part of the conversation which was written down, as though we were listening to someone talking on the telephone without being able to hear the response from the other end of the line, since Beethoven's part was generally spoken and therefore not preserved.

From the nephew's defensive answers in these notebooks we realize that Beethoven gradually became more and more dissatisfied with the development of signs of independence in the boy. Reproaches—often in connection with money matters—or rather the nephew's defences against them, appear with increasing frequency. One gets the impression that Beethoven turned more and more into a nagging mother. From 1821 on, when the boy was fifteen, it becomes clear that Ludwig developed a pathological type of jealousy and mistrust of the nephew. He became more and more suspicious that the boy might have some secret contact with his mother or with Beethoven's housekeeper, or thought that he was on the housekeeper's side rather than on his uncle's in the many quarrels which the latter started with the servants. Beethoven tortured the boy with these suspicions. We quote a few sentences from the nephew's part of some conversations :

> What can I do? Even if I repeat that I will do anything within my power to change your mind about this matter, it is of no help. . . . I can only implore you to be patient for a short while. . . . And nevertheless I am still hopeful that you will think differently in a quiet hour and that you will

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[13] Letter to Johann, August 19, 1823, Kalischer, *op. cit.*, Vol. IV, p. 327.

[14] From a dispatch in the *New York Times* dated Berlin, September 14, 1951 : The ' conversation-books ' have disappeared from the former Prussian State Library in Unter den Linden in the Soviet sector of Berlin. The rumour of this loss was confirmed when Carleton Smith, director of the National Arts Foundation, was told he could not see them when he visited the collection yesterday.

One of the library's senior curators, Dr. Joachim Kruger-Riebow, disappeared late this spring at about the same time that the absence of the precious five-foot shelf of notebooks was first noted.

Dr. Kruger-Riebow, who had the reputation of being a loyal Socialist Unity (Communist) party member until he absconded, is presumed to be working his passage home with these treasures of Germany's heritage.

not give me up entirely; I feel crushed enough. Just devote a little time to thinking it over and I know it will be different. . . . I have no girl friends. . . . If I have ever held back anything in my mind, *today* I would tell it, for it can't get worse than it is now.[15]

I am not a little child any more that you can fool me with your so-called white lies, for nobody can have told you that they have seen me there, because I have never been there.[16]

Another time, when Beethoven obviously accused the nephew of having sided with the housekeeper, who apparently had done some laundering either without or against Beethoven's orders, the nephew writes:

I cannot imagine what you are angry about. I cannot remember laughing. But I must admit that on her way she [the housekeeper] complained with tears that you torture her too much and that she would rather leave than let herself be so ill-treated in her old age. If you told her to do the laundry, she only did her duty. But she admits that she may have misunderstood you.

I thought, when I expressed my opinion, that it wouldn't be misinterpreted when I said what I thought.

Then later :

I cannot eat until I have cried myself out. I would be poisoned if I ate now when I am so troubled.[17]

Immediately after this, Schindler jots down :

I am firmly convinced that you misunderstand Karl when you suspect him with such a person. The old one [a term for the housekeeper] is old![18]

This is obviously an attempt to dispel Beethoven's suspicions that the nephew had an erotic interest in the old housekeeper.

Then the nephew writes again :

Before I already wanted to write down the reason for my behaviour, but you did not let me write and I was silent, thinking, *according to your promise*, that we would not talk about it any more. But since I notice that you are so angry that you do not even look at me, I feel forced to tell you why I behaved the way I did. I thought, as I told you before, that I could say what I think: besides, in the presence of the old one, I have not said a single word which would have indicated to her that I think she is right. . . .

The uncle seems to go on with his reproaches, for the nephew writes :

You have completely misunderstood what I wrote down. I did not say the old one is right, but only jotted down her own words with the intention of not saying anything of my own. But since you yourself asked me to speak, I expressed my opinion because I was convinced you would not forbid me to speak freely. . . .

then further on :

. . . if I had foreseen that you would be offended if I expressed my thoughts, I had no choice, and I had to say that you are right. But I had thought that I could express my opinions without hesitation, and so I said, if what she says is true, that you yourself had ordered her to do the laundry right away, she only did her duty. In the future I will avoid saying even that much if it offends you. You may know her better than I do; and I don't say that she is not mean; I said only that if things were as she says, I don't think that she is so much to be blamed. . . . You say that only now.[19]

And again :

I do not defend her at all, since I know now how the situation is. I only think you were a little too angry and that you made a mistake, because she told me in tears this morning how you misunderstand her and how unjust you are to her.

And again :

I have not said anything in her presence, only after she had gone did I express my opinion; and she has to admit that I told her in the morning that you never are unjust to her and that it is her fault if you scold her.[20]

From these few examples we can get an impression of the kind of conversation, or rather argument, that frequently took place between nephew and uncle.

It is clear that Beethoven tortured his nephew with a type of suspicious jealousy with which we are familiar when one partner in a heterosexual relationship develops it in defence against strong unconscious homosexual strivings. With Beethoven we have to assume that his jealous attitude towards the nephew served as defence against the heterosexual wishes which he projected on to the boy. Knowing what misery such pathological jealousy creates for the suspected party in a marriage, for example, we can imagine what the nephew had to go through with his uncle. Beethoven's defence, in the form of jealousy and suspicion, increased, and at last, when the boy reached the age at which young men begin to develop an interest in the other sex, it became unendurable. Beethoven ordered him never to leave the house at night; once he even wanted to accompany his nephew, then a young man of twenty, who was planning to go to a dance. He was dissuaded only with difficulty by a friend, a young musician, who had to point out that everybody would stare at Beethoven in the dance hall, and offered to go with the nephew himself. Only then did the uncle drop the grotesque idea.

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[15] Thayer, *op. cit.*, Vol. V, p. 508.

[16] *Ibid.*, p. 519.

[17] G. Schünemann, *Konversationshefte*, Band III, p. 162.

[18] *Ibid.*, p. 165.

[19] *Ibid.*, p. 164–5.

[20] *Ibid.*, p. 165–6.

Whenever the nephew visited his uncle—and Beethoven forced him to do so during all his free time, since he had complete control over him—the uncle expressed either suspicion or overwhelming love, and this disturbed the nephew so much that he was unable to study. The combination of nagging mother and jealous housewife which alternated in the uncle's attitude, with the uncontrolled outbursts of remorseful and at the same time possessive love, finally became completely unbearable for the nephew and drove him to desperate measures. He brought two pistols and shot himself in the head. One bullet missed; the other wounded the skull but did not penetrate it. The genuineness of this attempt at suicide cannot be doubted. He was taken to the hospital, and it took seven weeks for him to recover. When questioned by the police about the motivation of his attempted suicide he gave a simple answer which we believe to be true in spite of all the contortions by means of which the great composer's biographers have sought to exculpate him. He said, 'Weil mein Onkel mich so sekkiert hat.' (Because my uncle tortured me so much.)

This catastrophe broke the uncle's spirit. From that time on he looked like an old man. His tremendous effort of defence, his struggle to combine male and female principles in his relationship to his nephew, had ended in tragic failure. When the nephew left the hospital, Beethoven went with him to brother Johann, who had an estate fifty miles from Vienna. There he spent a few months waiting for the nephew's admission into the army, still mistrustful and hard on him, suspicious of any contact of the nephew with his brother's wife, another dangerous woman. After a flare-up with the brother, Beethoven suddenly left the house with the nephew in an open carriage. It was a cold autumn night, and the rain was pouring down. When he reached Vienna he had developed pneumonia. His health failed rapidly, and four months later he died.

The nephew spent a few years in the army, where he had a very good record. Later he married, and lived the life of a decent citizen and a loving father to his five children. He was healthy enough to overcome his emotional disorders after the conflict and pressure had terminated with his uncle's death. Mother Johanna, the 'Queen of the Night', survived him. She died, 82 years old, in great poverty.

Our story shows Beethoven as a tortured soul, torn between love and hate, instinct and defence, like other mortals, only perhaps more so. We cannot say what enabled him to transform these energies of inner struggle into beauty, excitement, and emotional impact which millions of performers and hearers of his music experience to this day, and will continue to experience for many days to come. His ability to transform conflicting emotional energies into works of art is as mysterious in him as it is in other artists. But the understanding of the man is indispensable to the future understanding of his creative faculty.

THE CRITERIA OF PROGRESS IN A PATIENT DURING ANALYSIS[1]

By H. A. THORNER, London

The assessment of progress during analysis presents real difficulties. A change in the symptoms or complaints of the patient is not a satisfactory guide to the patient's progress. We know that quick seeming improvements may be followed by relapse or even temporary deterioration. In view of these difficulties it appears desirable to formulate certain criteria on which to base judgement on the progress of the individual treatment. It is obvious that these criteria must be based on the psychological processes within the patient.[2]

One could choose many aspects on which to base an assessment of progress. To name only a few: development of insight; the patient's ability to associate freely; his tolerance of his own unconscious material; the flow of speech during the session; the rapport between patient and analyst; the transference situation as a whole. I appreciate that these are valid indicators which are constantly used by analysts. Above all, the clinical improvement of the patient cannot be ignored if it is substantiated by a parallel change recognizable in the analysis. In my view, the parallel change of analytical material and clinical improvement is the most important guide. In order to understand that parallel development it is important to get a clear idea of the events in the unconscious of the patient which should be recognized by the analyst and the patient.

Joan Riviere[3] referred in her paper on 'A Contribution to the Analysis of the Negative Therapeutic Reaction' to Freud's remark about certain refractory patients who were unable to acknowledge progress. In utilizing concepts based on Melanie Klein's work, in particular the depressive position, Joan Riviere described the negative therapeutic reaction of the patient as an attempt to escape the depressive reaction: by accepting the analysis, or the analyst, as a good object, the patient will feel indebted to him and thus be exposed to a feeling of guilt. In a recent paper 'On the Criteria for the Termination of a Psycho-Analysis', Melanie Klein[4] takes up this point and widens this criterion as a test for the termination of a psycho-analysis.

I shall follow the development of the analysis of one patient and try to demonstrate how the patient's analysis has progressed. I shall show anxieties and their changes similar to those described by Melanie Klein and Joan Riviere in their papers. As in our view the patient's sense of security depends largely on his relation to his good object I try to follow the progress of the analysis in terms of the 'good object' and its fate in the inner and outer world of the patient.

The material on which I base my conclusions has been collected in reports put down immediately after each session. Each report is about 200–300 words long, and contains a factual statement of what had been discussed, if possible in the order in which it came up during the session. When I collected this material I had no particular scientific enquiry in mind, and only after completing the collection of the material, which covers about 18 months, did I consider how to use the material at my disposal.

The clinical material is taken from the analysis of a middle-aged, single woman. Her first session was devoted to her anxiety of old age, loneliness, and her fear that she herself contains dangerous elements. Through these dangerous elements she would overpower me, just as, in other circumstances, she has managed to get round important people. This fear about her own dangerousness made her keep people away from her and, in fact, explained her loneliness. This theme, having been developed during the first three sessions, was taken up again in the fourth session when she brought a childhood memory in which her head was infested with lice and a nurse cleaned her. By recalling this incident she showed that she unconsciously felt that the analytical process was a process of disinfestation which was mixed with guilt feelings, as was her relationship to the nurse who told her stories which, in the opinion of her mother, she was not to know. In this connection another memory was brought, namely that boys put her through some initiation ceremony prior to being admitted to a children's club. Having undergone the unpleasantness of the initiation ceremony, she refused to become a member of the club. She had a similar attitude to analysis. Although we had only had four sessions, we found ourselves already in the midst of important problems : her persecutory anxieties about analysis in connection with her fear about being full of bad things.

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[1] Read before the 17th International Psycho-Analytical Congress, Amsterdam, 1951.

[2] In the early history of analysis Freud considered that uncovering of unconscious memories was alone the therapeutically active element in treatment, and as such could have been taken as an indication of the patient's progress. It is, of course, still true that the recovery of infantile memories and early fantasies is an important element in the therapeutic process, but with our present knowledge we would not say that a patient has progressed on the strength of the recovery of certain memories alone.

[3] Joan Riviere, 'A Contribution to the Analysis of the Negative Therapeutic Reaction.' *Int. J. Psycho-Anal.*, **17**, pp. 304–320, (1936).

[4] Melanie Klein, 'On the Criteria for the Termination of a Psycho-Analysis.' *Int. J. Psycho-Anal.*, **31**, pp. 78–80, (1950).

From there we quickly moved on to another problem which was seen in terms of ' Snow-white ' : the glass told the bad mother that she was the fairest until Snow-white grows up. I interpreted this as her anxiety of taking my place when she ' grows up ', and her fear of being replaced by her younger sister. This interpretation was confirmed by memories which were linked with the birth of her sister who is 5 years her junior. Immediately following this session a new problem arose about a young relative whom she liked to look upon as a near son, but his parents seemed to object to her interest in the boy. In this connection she complained bitterly that I took away her sleep : in her own words she offered me everything except her work. The atmosphere was one of robbing, persecution and exclusion. She told me that she lost an object which she loved—, but she found it again. During the same session she reported a dream which she treasured and which she was afraid of forgetting : expressing the idea that a beloved object may be lost, or be taken away from her. The aspect of her inner world with which we are dealing is one of having nothing, or being bad, or being robbed ; or she herself will be replaced by a younger sister ; or in terms of her relationship to her mother (or to the analyst) she will replace the mother. She is afraid that she will be lonely because she is bad ; people she loves should be kept away from her. Related to this feeling is the idea that the objects she treasures are lost—both because she has to protect them from herself as a dangerous being and as the result of being robbed of them.

In this material the patient is going through early anxiety situations, of which I received ample direct evidence later on. At the same time the analysis is, of course, the analysis of the positive and the negative transference, her love for the father and mother, as well as her hatred for them. In addition there are certain obsessional mechanisms which become apparent in terms of an overcrowded, detailed dream. In the next session, a Monday, she feels comfortable and warm. But she also feels that she constantly has to give in order to please people, hence the overcrowded dream which could soon be understood in terms of anal material, for she was speaking of a recent diarrhœa. One of her greatest fears is to come too near to people, lest they should find out that she is a sham. What had previously been experienced in terms of losing a precious object, that is an internal good object, or forgetting a treasured dream, is now experienced in terms of being revealed as worthless.[5] So the happiness at the beginning of this session could not last.

This experience recalled her feeding difficulties in early childhood. Her feeding suddenly stopped, she would not eat and suffered from constipation. The suspicion with which she looked upon certain offers that were made to her, such as an additional analytical session, became quite clear when she, as she put it, ' tried to look the gift horse in the mouth '. This suspicion which does not allow her to accept offers or—I should say at this stage—to recognize the friendliness and goodness of an offer, we shall meet again at a later phase when she complains that nothing good is offered to her. The suspicion was further developed in an experience she had that morning when she found herself in a certain situation which used to give her a good deal of anxiety, but in which she now felt much freer and easier. This might be called an improvement, but she was not pleased about it.

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[5] This is a reaction which I also noticed in other patients. It appears that the good and bad objects cannot be maintained together, side by side. The good objects are either denied or projected outside. These patients will then feel bad and unworthy, and feel that their good qualities—if any—are only a pretence, and thus lose the quality of reality. We know this process well when it is applied to the ego, and the patient has the feeling of unreality or of depersonalization. H. A. Thorner, ' Examination Anxiety ', *Int. J. Psycho-Anal.*, **33**.

She was a few minutes late for the next session and said that she actually arrived early, but felt she ought not to ring yet. She appears to be afraid of taking too much. A similar situation was as follows : The previous day she went out with a relative. Although she was hungry, she was unable to suggest a meal in a restaurant, unconsciously fearing that she would eat too much, that is the fear of exploiting and robbing another person. And with these anxieties goes another fear, namely, of being upset by analysis. Whatever she may get from me will upset her, will poison her. To evaluate the persecutory situation one has to remember that this patient, not only in the analysis, but also in her own work, felt persecuted. People constantly seemed to want something from her. The patient beautifully illustrated it by another childhood memory: A greengrocer whom she remembered in all details, had given her a pear ; this was the first time that she was given a pear, not by her mother, but by someone else.. She treasured it, and gave it to her little doll who was ill and so seemed to need it more. She never ate the pear which was left with the doll until it had perished.

Instead of following the further development session by session, I will now select a few characteristic situations as they developed. I should, however, like to emphasize how one session appears to follow organically out of the previous one. The analytical sessions are not isolated interviews and the patient's problems which are analysed in one session are continued in the next, and so on. The continuity of the analysis from session to session is a point which deserves special emphasis.

Together with feelings that she is not allowed to take good things, other feelings were discussed, for instance her bitter complaint that whatever she wants is never given voluntarily and freely. A dream illustrates how far these problems are linked with deeper and early anxieties. She dreamt that she had a holiday in a mining district. A kind of treasure hunt was in progress which led to a house in the basement of which a woman had the most beautiful pieces of furniture. The woman did not seem to know anything of her treasures but did not want the patient to come inside the house. This dream was reported in a context where she told me that she was depressed because she had said that things were better. This was linked with the analysis, the benefit of which she must not have but has to pass on to somebody else instead of using it for her own good. She also wanted to show me something she had done, but she could not do so out of fear that I would criticize it, or, as she put it, tear it to pieces. So her picture of me is that of a dangerous mother, a theme which was foreshadowed in her dream of the house which represented her mother containing beautiful material which she did not want to share with her.

It is one of my points to show that in the later phases of the analysis that idea changed and she suddenly realized how many things were offered to her : she was invited and she was able to accept invitations. This change was at first transient and lasted only a short time.

The previously mentioned obsessional mechanisms are a defence against her internal insecurity. She felt compelled to attend to every detail, that is to look at her clothes, to see that she is properly dressed, packing and choosing the right clothes for a journey, and so on : she actually had to watch her possessions against certain dangers. She illustrated this by saying that she hadn't looked at her clothes and now the moths had got into her wardrobe and eaten up her fur coat. These moths stand for internal dangers (her instincts, in particular her oral greed) that threaten to destroy her good possessions inside herself. It is interesting to compare these anxieties with her childhood memory when a nurse had to disinfest her head from lice, in which we recognized her unconscious idea of the analytical process.

Her wish to be freed from her dangerous elements is linked with her wish to protect her good objects. This idea underlies her sense of relief when she has saved something (she was particularly fond of utilizing broken things). She loved improvisations and makeshifts. Not only had she difficulties in utilizing what she possessed, she also felt guilty of possessing an object. This was demonstrated in another example where she felt it was not right that she had a spare room, and it should be given to somebody who hadn't got a room. The nature of the anxiety behind the feeling that she must not have a spare room, or, for that matter, anything good, becomes clearer when we hear her idea of how an analysis comes to an end. The analysis will end when she has nothing more to say, that means when she is exhausted. The unconscious expectation to be depleted by the analysis underlay her financial arrangement for the analysis for which she had earmarked certain funds which she expected to be used up. It came as a great surprise to her when she found out that she was able to pay for it from her current earnings. Concurrent with the idea that the analyst will exhaust her runs the corresponding idea that she will exhaust me, her analyst. She will want too much. Here again we are dealing with an early anxiety situation in which she is afraid of eating up the object on which she depends.

In this phase of the analysis we dealt with anxieties which Melanie Klein has described as persecutory, that is with anxieties of a threat against the ego. The inner world of the patient in that phase is that of the ' paranoid-schizoid ' position. But it would not be true to say that the earlier paranoid fantasies are dealt with first and only later we come to depressive elements. It is certain, as Melanie Klein pointed out, that these processes are intertwined, and clinically often mixed. My patient's concern for the safety of her good object which could be seen almost from the beginning of her analysis is evidence of the existence of depressive fears. The patient may often sway from one phase to the other before he has reached lasting stability. It is thus not surprising that we should meet material of a similar kind in all stages of the analysis, but the progress of the analysis can be assessed by the extent to which certain elements have predominance and in the way the patient's picture of his world has changed. As I have seen it, patients who really felt surrounded by enemies, and felt that they do not get any help from any figure, suddenly realize that people are more helpful and more benevolent than they had ever expected.

This is a change of the patient's internal world which it is legitimate to use as a gauge for the progress of the analysis, particularly when we are satisfied that this change is a stable one and not a fleeting glimpse of a better world to come. As the patient's anxieties with regard to his own dangerousness are diminished through the analysis, his world becomes more stable and safer for him.

This process goes together with the introjection of the ' good object ' represented by the analyst, which could be seen clearly in my patient. She was not able to introject her ' good mother ' at an early stage. She felt that having children was not for her; she was unable to visualize herself as a mother, and simply ignored sex life as a possibility for herself—consequently she remained single. The same difficulty could be seen in her analysis: she always felt that other patients could utilize and enjoy their analyses, while she was unable to do so. If she received anything good in her analysis, she was not to keep it to herself, but to pass it on to others. She must never be an analyst—even if that was a practical proposition, and her work did not lie in a different field—because that would mean that she had taken the father's (or mother's) place. The good object had to be preserved outside, since the introjection of the good object would mean its destruction. In this sense I should consider an identification with the analyst (which need not mean that every patient should wish to become an analyst) constitutes progress in analysis. I should like to make it clear that the introjection is not that of the ' real ' analyst, but the good object of the patient which he had previously projected on to the analyst. This process has been described by James Strachey.[6]

Other difficulties may arise in the process of introjecting the good object. The patient may feel that the introjection of the good object not only threatens the good object itself, but also the subject that has possession of the object is threatened by so powerful an object. The patient appears to fear that he may be swamped, overwhelmed or devoured by the all-powerful good object. This represents the instability of the good object; it can easily turn into a bad object, since, at this stage, it is an idealized bad object. My patient described experiences of this kind. She felt that she would have to give up everything if she accepted analysis, just as she used to feel that to be a good Christian meant to give up everything else. This problem arose in the analysis on various points. As you may remember, in one of the first sessions she spoke of her loneliness, and the danger she represented to the good object. For that reason it should be kept away from her. It also meant that she felt that she had to control the object, which she described in terms of getting round important people who represented the good object at that stage. It is one particular feature of this patient that she combined the idea of a good object with 'important people'. What she looked upon as a good object does, in fact, arouse persecutory fears in her. This seeming contradiction arose from her denial of the bad qualities of the object by idealizing it. This can be traced to early infantile mechanisms in which the child defends himself against anxiety by idealizing the object: idealization is a defence against persecutory as well as depressive anxiety. By this means guilt feelings are denied: the idealized object is not a damaged object and, moreover, the idealized powerful object appears invulnerable. It becomes thus understandable how her fear arose that the good object will dominate her. This problem came up time and again in terms of her attitude to analysis, as it had come up in terms of religion and human relationships. As the analysis progressed, the patient became able to face the problem without breaking off analysis. With this emotional experience deeper changes took place, and the patient moved to greater inner freedom.

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[6] James Strachey, 'The Nature of the Therapeutic Action of Psycho-Analysis.' *Int. J. Psycho-Anal.*, **15**, pp. 127–159, (1934).

The fear of being dominated by an object is a common fear. It is closely related to the fear of losing control. The patient may feel that he cannot control himself, because he is dominated by an internal or external object. One of my patients, who came to analysis for depression and frigidity, was unable to handle machines—or could handle them only with difficulty—as she felt they were beyond her control. One element of her frigidity was her fear of losing control during orgasm. She was afraid that if she lost control she might do damage, that is she was afraid of being dominated by an internal bad object: she experienced this internal object as her instability and it was also felt as stool, or bad urine. On the other hand, she was afraid that if she was not on guard, something bad might be done to her, for instance she was afraid of conception: she feared the penis might do her harm, that is she felt dominated by an object that was entering her from outside. The penis, in so far as it offered her satisfaction, was a good object, but it was a precarious good object. Her danger is twofold. Either the penis is destroyed by her insatiability which is experienced as a bad internal object which she may not be able to control, or the penis, once incorporated, may impregnate her, that is may damage her internally and may start a child which again turns into an object which she cannot control.

The patient's demands for extra-analytical help and advice, or any other active help, play a part in every analysis. It is essential to understand what patients unconsciously try to achieve by demanding such help. Such a demand may have many motives: the child's craving for the mother's possessions, or it may represent an attempt at restoring the mother by giving things, etc. In all cases it appears as a need for instantaneous satisfaction. Even if there is no extra-analytical satisfaction given certain patients' need for instantaneous satisfaction is so great that they may unconsciously see in almost everything a direct satisfaction of their demand, i.e. in the meeting with the analyst in the consulting room, or in the usual greetings before and after the sessions. These may appear more important and desirable to the patient than the analysis itself. It is of greatest importance that the unconscious processes which lead to such an attitude are clearly understood and interpreted. These patients want to see in the analyst the person that is blindly indulgent to their needs. This may go on for some time until it is recognized that they ignore analysis and look for satisfaction of their unconscious needs. In this situation the analyst is the idealized good object, and the analysis is circumvented by denial. But as the analysis progresses the patient becomes able to tolerate the discipline of analysis, and the analysis is gradually established as the good object which appears benevolent, but not indulgent. As a result of receiving extra-analytical satisfaction, whether given deliberately or unwittingly by the analyst, the patient will react with guilt feelings for having exploited and damaged the analyst. Defences against this guilt-reaction are many. To mention only a few: patients may deny that they receive any help from analysis, or that they need any help, or that they are analysed for curative reasons. One of my patients justified his analysis by his job. He had the idea that if he gave up analysis he would lose his job. Unconsciously he felt greedy—his mother used to call him the 'greedy lump'—and in defence against his unconscious greediness he was not to have anything from which he personally would benefit. To keep his job was a justification which was not so frivolous as happiness would be.

With progress of the treatment the patient's reaction to analysis will change, and with it the unconscious meaning of analysis. Patients will feel less guilty when they get analytical help, and through greater tolerance of suffering and depressive feelings their craving for reassurance and extra-analytical help will lessen. With this increasing tolerance the nature of the analytical material will change in various ways : a halting verbal production may become fluent, or the character of the analytical material changes. Patients may feel less the need of twisting certain events to make themselves appear better, or worse : in other words, their material becomes more realistic. They feel less the need of comparing themselves with others (their jealousy is diminished), and they are able to rely more on their own feelings, ideas or values. The selection of the material may also change. Sometimes patients seem to select material in accordance with what they consider will please the analyst, others feel that they themselves have to contribute so little that they must ' entertain ' the analyst with gossip or anything of ' news value '. Naturally all material can and should be interpreted as such, but a full interpretation should not neglect the general trend and the character of the material. When the patient's relation to the good object is more stabilized, and a good object is securely established in the patient, he will have more tolerance of his own unconscious and consequently has more confidence in his own possessions. His material will be in more direct contact with the deeper layers of his unconscious. With increasing confidence in his own possessions the patient will also feel more secure in the analytical situation. As he feels that he possesses good objects, something worth having and worth saying, he can tolerate the possessions of others without envy.

Conclusions

Progress in analysis is a change of unconscious processes as they are revealed during analysis. Clinical change can only be assessed if it is correlated to the unconscious material of the analysis at the time. The analytical process of the individual treatment can be described in terms of the fate of the ' good object '. The good object which at one stage is idealized and appears all-powerful, and as such is anxiety-producing, becomes a more realistic and benevolent good object. The patient can accept its limitations and its discipline as he accepts the discipline of the analysis. At the same time the patient becomes more able to utilize analytical experiences instead of demanding extra-analytical help. Persecutory and depressive anxieties can be seen side by side, and while it is necessary to analyse both, neither is reserved exclusively to one particular stage of the individual treatment.

MAHATMA GANDHI

A CONTRIBUTION TO THE PSYCHO-ANALYTIC UNDERSTANDING OF THE CAUSES OF WAR AND THE MEANS OF PREVENTING WARS[1]

By F. LOWTZKY, PH.D., JERUSALEM

In Memory of Dr. Max Eitingon

" Politics without Religion is a mantrap, because it kills the soul "—(*Gandhi*)

Because of the short time at my disposal, I can discuss only two features of the material contained in a more extensive study of the subject.

1. The achievement of India's independence.
2. The attainment of equal status for the Pariah Caste.

In his own country, Gandhi is revered as a saint, the rest of the world does not even comprehend him. How was it possible that a man without the powers of the state at his disposal, and without any coercive means, became the accepted ruler of one fifth of the world's population ? How was it possible that Gandhi, who is rightly called ' The Father of India's Independence ', achieved this independence by pacific means at a time when terror reigned in India and her people were full of hatred and revenge against Great Britain ? Moreover, he obtained Caste equality without bloodshed. To throw light onto these problems and to understand their psycho-analytic meaning is the purpose of this paper.

Before he could realize the final task he had set himself, that is, the nationalization of property by these same peaceful means, he was murdered by the secretary of the extreme Nationalists, on 30th January, 1948.

Hatred of Great Britain was rampant in India during Gandhi's youth. Hundreds of years of oppression had completely altered India's character, and turned a peaceloving, friendly people into an aggressive nation, ready to wage war to achieve their liberation. Gandhi, as a boy of 15, was inspired by the desire to go to war against Great Britain. His people, he believed, were weak because they did not eat meat, and the English derived the strength which enabled them to master India from meat eating. In his childhood, he was afraid of the dark. He imagined ghosts coming from one side, thieves from another, and serpents from a third. Eating meat, he and a friend with whom he discussed it imagined, would cure all fear. They therefore decided that they too would eat meat, secretly. Gandhi's first attempt to eat goat's meat sickened him, and all that night he was haunted by a nightmare of a live goat bleating inside him. Furthermore, although he tried to steel himself with the reminder that meat eating was a duty to India—a ' reform '—his conscience gave him no peace, and he abandoned meat eating. At about the same time, Gandhi fell into the habit of smoking cigarettes, scavenging stumps, and pilfering the servants' coppers to buy cigarettes. This led him to the more serious theft of a link from his brother's gold armlet. His guilt was more than the 15-year-old Gandhi could bear, and he resolved to confess his sins and seek adequate punishment.

Gandhi's parents were orthodox Vaishnavas from Gujarat, a particularly close and strictly religious community, to whom eating meat was abhorrent. A devoted son, Gandhi was deeply distressed by the pain the knowledge of his offence would inflict upon his parents. His anxiety was increased by the severity of his conscience—the Father from whom he could not become truly independent ; yet he consciously resented his strong dependence and rebelled against the parental restrictions. While he feared his confession would come to his father as a ' death blow ', the thought of continuous dependence upon him was intolerable. He and his friend therefore decided to die. But this was easier said than done. Their courage failed them and they abandoned their plan to commit suicide, Gandhi deliberating, 'Why not rather submit to continued dependence on his father . . .' Anxiety and fear of punishment, rather than the liberation of his aggression towards his father, prompted this solution to his conflict. The struggle for India's independence was a displacement of Gandhi's unconscious fight against his father, involving both his feelings of love, and of hate and revenge.

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[1] Paper read at the 17th International Psycho-Analytical Congress, Amsterdam, August, 1951.

Gandhi described himself as a sensitive child, whose mother, a kind, gentle and compassionate woman, created an atmosphere which softened and spoilt him. The slightest criticism was felt as a severe punishment. His father, although devoted to his family, was strict and relentless in his moral and religious demands. This rigidity of life curtailed Gandhi's freedom, and aroused his death wishes against the father.

Though not expecting corporal punishment, Gandhi believed it was not in his father's nature to forgive easily. Lacking the courage to speak out, he handed his ailing father a letter recording his transgressions, and in fear awaited retribution. Tears streamed down the old man's face as he read his son's confession, moving the young Gandhi to weep with him. Gandhi understood this as a sign of devotion and love, and says of his father's tears, '. . . they cleansed my heart and washed away my sins.' That this deeply religious man did not condemn his son, but loved him, profoundly stirred Gandhi and basically changed his relationship to his father. He called this experience, 'an object lesson in Ahimsa'—the doctrine of non-violence. Ahimsa, his father's doctrine, transformed him and freed him from his aggression. It was all-embracing, including even such lowly creatures as bugs, insects and serpents, which he had formerly destroyed readily. His father had taught him that not the sinner is evil, but the sin. It is the sin which must be fought. This belief freed Gandhi from his own guilt feelings and need for punishment. Thenceforth, he was filled with the desire that all the Indian people should benefit from the lesson he had learned in this personal experience. When someone tried to convert him to Christianity, expounding the doctrine of sin, punishment and redemption, Gandhi replied, 'If this be Christianity, I cannot accept it. I do not seek redemption from the consequences of my sin. I seek to be redeemed from sin itself, or rather, from the very thought of sin.' (Mahatma Gandhi, *My Own Story*.)

Just as his relationship to his father had undergone a change, so did his approach to Great Britain. He now resolved to become a loyal subject of the Crown. During the First World War, he eagerly helped Great Britain with men, money and munitions. This course was opposed by many of his followers, who asked, 'How can you, a follower of Ahimsa, advocate violence ?' In reply, Gandhi referred to the attempt made on his life in 1908. His eldest son asked Gandhi's judgement on whether, faced with this position, he should silently witness his father's murder, or defend his life, with violence if necessary. Gandhi instructed him that it was the duty of a son to defend his father, with whatever means were at his disposal.

This same rationale governed his support of Great Britain in the South African and First World Wars. Now Gandhi was the aggressor who fights Great Britain's—his Father's—adversaries. He called this, 'The Doctrine of the Sword' which, in his opinion, did not contradict Ahimsa.

His trust in Great Britain was rudely shattered when, instead of being rewarded with the promised independence, India was offered the Montagu-Chelmsford Reforms, which further curtailed her freedom. 'I now realize,' he said, 'I was mistaken to look upon myself as a British subject. To Great Britain, I am an Untouchable Pariah'. He called upon the Indian people (the children) to cease co-operating with the Administration (the father), and organized passive resistance against the 'Anti-Asian Laws'. The new position he took up in relation to the British Government he elucidated with the analogy that when a father does wrong, it is the duty of his child to leave the home. In the same way, it is the duty of the subject to dissociate himself from an erring Government, in order to make them aware of their wrong-doing. Identifying Great Britain with his father, he gives them 'an object lesson in Ahimsa', just as he had received it from his father. He too was unrelenting in his moral demands, and did not give in until the offender had been won over. By means of Ahimsa, he wanted to bring about a 'change of heart' in both the Indians and Great Britain. He foresaw the reaction of Great Britain, the suffering that would be brought to his people, and his task was rendered more difficult by the re-awakened anger and hatred of the Indian people towards Great Britain.

Yet he believed that the inconveniences and losses sustained by the withdrawal of India's co-operation from the Administration had to be borne willingly and gladly, according to the eternal law of self-sacrifice which rules that one must continue to love one's adversaries.

The suffering Gandhi demands is a means to an end, the achievement of liberty and freedom. It can be likened to an operation which the patient anticipates with little fear, knowing it will deliver him from a more grievous and lasting ill. The principles set out in this book, '*The Gospel of the Selfless Act*', underlie the fastings and the strikes he organized. Gandhi's ideal and aim was the liberation of humanity from continuous suffering, and this he hoped to achieve by fasting ; a voluntary, self-inflicted suffering. Only when the goal had been reached could he know happiness, as he demonstrated in his last fast. India had at last become independent of British rule, and 15th August, 1947, was declared a national holiday. Everywhere people were rejoicing ; only Gandhi could not join in the festivities. Deeply distressed by the fierce battle which was then raging between the Hindus and the Mohammedans, he began his fast in January, 1948, at the age of 78, to further the interests of the Mohammedan minority. 'One can fast for health reasons, or in repentance,' he said, 'But there is another kind of fast ; that of the adherent of non-violence, who fasts as a protest against the evil in society . . . The fast shall cease when I am convinced of the reconciliation.' The fast lasted six days, and though he knew that the doctors feared for his life, he welcomed death to release him from remaining a helpless witness of his people's fratricide, and the destruction of the Hindu, Sikh and Muslim cultures. When the warring ceased, he no longer wished to die, and expressed his hope to live to 135 years.

Unlike the masochist, who derives libidinal satisfaction from his suffering, Gandhi had a different aim. He suffered in order to free himself and others from unending agony. Therefore one cannot simply speak of his suffering as aggression turned against himself. Gandhi was convinced that aggression was a major cause of the ills of mankind, and therefore he exerted great efforts to overcome it. Once during a civil disobedience campaign, the Indians, provoked by the brutality of the Police, retaliated with violence. Gandhi at once called off the campaign. He resolved to give up Satyagraha as long as the people did not yet understand the doctrine of Peace. By educating his people he hoped to lead them gradually towards this ideal, and he planned that a small nucleus of well-tried and sincere volunteers who could enter into the spirit of Satyagraha, should spread the doctrine amongst the people, and by their vigilance keep them to the right path. Thus began his great work of educating the masses. Volunteers were sent into remote little villages, and by these means he hoped to overcome the people's brutality, hatred, and desire for revenge.

Similar methods were employed to abolish Caste inequality. When he learned in September, 1932, whilst he was imprisoned, that the Administration planned to set up separate polling booths for the Untouchables, he threatened to fast unto death. The fast was also aimed at the Hindu community, whose oppression of the Pariahs continued unabated. Gandhi told them that he would willingly be sacrificed if they continued with their present attitude. Not until the British Administration had given in to Gandhi's demands, and the Hindus convinced him of their friendly intentions towards the Pariahs, did he call off his fast. The newspapers published the names of hundreds of Hindu temples which opened their doors to the Untouchables, and Nehru's mother—a most orthodox woman—let it be known that she had accepted food from the hand of an Untouchable. Thousands of prominent Hindu women followed her example, and at the strictly Hindu University of Benares, the Principal and many Brahmans ate at the same table with roadsweepers, cobblers and dustmen. A wave of reform, atonement and self-purification swept the country.

Gandhi's long and untiring battle for the Untouchables was rewarded in 1946, when the oppression of a Pariah was made a punishable offence under the Indian Constitution. An ancient and deep rooted social injustice was thus resolved without bloodshed.

On 15th August, 1947, one fifth of the world's population, a nation of four hundred millions of people who for more than a hundred years had been subject to British rule, became its own master. Gandhi was the true liberator of his country, for by education—or rather, re-education—of his people as well as of the British, he not only achieved India's independence and equality of Caste, but saved India from bloody revolution and a war against Great Britain. Similar revolutions in Europe had cost the slaughter and maiming of millions, and had robbed many more of the means of existence.

Had his father not absolved the young Gandhi, who was a miniature Hitler, from his hate and aggression, these would have grown with him into manhood. He would have waged war against Great Britain and might, even as Hitler, have become the instigator of a world war.

From the foregoing we can conclude that there are means to prevent war and violent revolution, such as the freeing of a child, by means of right education, from its hatred towards its parents. Just as personal hygiene is necessary to prevent illness and epidemics, so one needs psychic hygiene for the prevention of wars. It is therefore essential to produce experienced teachers who sincerely believe that man is without innate guilt or sin.

CONCLUSIONS

We ask ourselves : Did Gandhi suffer from a neurosis ? Freud, when asked a similar question about little Hans, pointed out that the neurotic aspect lay in the displacement and projection of the child's aggressive feelings onto a horse. This mechanism could also be found in Gandhi, where we see the displacement onto animals, and later onto Great Britain. Moreover, he did not achieve an inner independence from his family, and must therefore be classed as a neurotic. But did not his neurosis serve a good purpose ? His father's educational approach helped Gandhi to deal with his hatred, thus putting an end to his inner readiness to express aggression. For this reason, his neurosis had become socially unharmful.

The intensity of Gandhi's feelings, the strength of his love and hate, and his gift as an educator, have no bearing on his neurosis—they are constitutionally determined. Every gifted educator can be successful in his work, although he may not, as Gandhi did, re-educate a nation ; just as few gifted composers can attain the stature of Beethoven, and not every writer will be a Shakespeare.

Gandhi's attitude to sexuality, to his family and his wife and children will be the subject of another paper.

It has been my hope to show in this paper that the causes of revolution and wars are of psychic origin. Unless the child's aggressive feelings towards his parents can be dealt with successfully by education, the hostility will remain in the adult, and by identification with the environment it can extend in scope and magnitude. We do not doubt that other factors —e.g. economic—contribute to wars and revolutions. However, until the advent of Psycho-Analysis these fundamental psychical factors were overlooked. Experience has taught us that economic factors are not a prime cause of neurosis, since a neurotic may live in an excellent material environment, as we have seen with Gandhi.

Gandhi hated his father, the tyrant, who suppressed him. India hated Great Britain, which deprived her people of their freedom. Here Gandhi identified with the Indians and produced the identical symptom : hostility towards the British Administration. Once he ceased to hate his father, he could no longer identify with the Indians, and ceased to hate Great Britain.

Thus, on the basis of psychical infection, mass neuroses are developed. These in turn lead to bloody revolutions and wars, for which material factors may provide the momentum

(*Translated by Sara Kut.*)

SOME SIDELIGHTS ON FREE ASSOCIATIONS[1]

By GREGORY ZILBOORG, M.D., NEW YORK

It has always been the accepted view among psycho-analysts that science in general, and each science in particular, and each individual scientist has a special scientific psychology. The restatement of the obvious is always trite, of course, but it is not always superfluous. I believe therefore that it is not entirely useless to reiterate here the obvious, and to say that when I speak of 'special scientific psychology' I have in mind primarily the unconscious and the affective determinants of this psychology ; for the conscious psychology of the scientist or the given science always wears the same cloak of objectivity and dispassionate intellectual detachment which we analysts know to be a perennial fantasy mistaken perennially for reality.

Since it will be generally admitted that anatomic and pathological research and surgery and astronomy and even ophthalmology or dermatology have definite, almost specific, unconscious determinants in each individual who practises the specialties above named, it would be logical to assume that the same postulate is applicable to psycho-analysis too. In a general way all this is true. The well-known necrophilic drives of Vesalius, which possessed him from his childhood on and particularly after his puberty, were ultimately transformed into a revolutionary and creative foundation of the science of anatomy. It is not very difficult to find among the great majority of anatomists, pathologists and surgeons a variety of necrophilic and sadistic trends which are woven into their scientific work and skill. By the same token, the host of anal-sadistic permutations which are nearly always found in the personalities of musicians or mathematicians are no news to psycho-analysts.

Yet we are a considerable distance from the point and the time at which an accurate characterology and psychology of various professions and arts could be achieved. It is not surprising, therefore, that the psychology of psycho-analysis has hardly been touched yet. And, what is more, this psychology is probably much more difficult to formulate than that of anatomy or surgery. In anatomy and surgery, the specialist finds the maximum application and gratification and development of his individual unconscious trends, and very few anatomists or surgeons care about the unconscious factors which determine their work in their specialty, except of course in those cases when they happen to become afflicted with some severe neurosis which interferes with their work and which requires psycho-analytic treatment. On the other hand, the psycho-analyst works from the very outset with his own unconscious exposed, so to speak, and constantly 'worked upon' by his patients. This fact alone makes the psychology of psycho-analysis more complex and less clear, even (or particularly) to psycho-analysts themselves.

What makes the problem more involved and even confusing is the fact that the well-known fundamental rule of psycho-analysis relegates to the conscious and to formal logic a secondary role, as it were—at least during the period of scientific clinical observations. This is just the reverse of what happens in all the other sciences, which require complete concentration on the object under observation to the complete exclusion of interferences from within or without. The process of all scientific observations is *concentrated, directed thinking*, whereas the process of psycho-analytic observation is that of *spontaneous, non-directed ideation*. The difference, as you see, is a very profound one, and I believe that the scientific world in general, and even psycho-analysts, have heretofore failed fully to appreciate this methodological and psychological difference. The general scientist thinks what he observes and often observes what he thinks. The psycho-analyst must from the very outset learn an entirely new process of scientific investigation ; he must learn to free himself from directed thinking to such an extent that in this freedom he soon learns the true slavery in which he finds himself, both in relation to his own unconscious drives and to the defensive manoeuvres which make up so much of his thinking.

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[1] Read before the 17th International Psycho-Analytical Congress, Amsterdam, August, 1951.

A true psychology of psycho-analysis will therefore become possible only if and when the processes involved in free associations are fully understood. This communication definitely avoids even any pretence of sketching the nature of these processes; still less does it pretend to outline a psychology of psycho-analysis. The nature and the complexity of the problem—and, let us say the word, its obscurity—do not permit of much more than a statement of the issues involved and of the scientific perspectives which we must establish before any deeper insight can be gained.

The method of free associations is essentially a paradoxical method; it appears especially paradoxical when we think of the traditional methods employed by science. To put it in terms of modern psycho-analytic usage, free associations require a deliberate weakening, or attenuation of that conscious part of the ego which deals with the outside world in order to permit the unconscious trends to slide, as it were, into the preconscious and from there to come to the surface and slip into the conscious. The method also requires the attenuation of that part of the ego (whether conscious or unconscious) which is covered by the term super-ego, so as to weaken or temporarily even to abolish its inhibitory pressure on the sphere of the unconscious and thus permit the elements of that unconscious to percolate to the surface.

That all this is never really achieved fully or obtained in its pure form every analyst knows. However, judging by the psycho-analytic literature at least, analysts seem to take little into account how different the method of free associations is from the traditional scientific method which requires that the ego never weaken in its self-prescribed efforts and circumscribed fields of observation, which demands that the goal (the ideal, apparently an *ad hoc* appendage of the super-ego), be it the demonstration of a law or the verification of a hypothesis, never be lost sight of. What is called by the scientist the personal equation, which to the psycho-analyst is the very essence of the individual, is just the thing for which the scientist introduces correctives in order to avoid the all too individual.

As I have said, the whole problem of free associations and of the fundamental rule of psycho-analysis (I mean the deeper psychological implications of the problem rather than the pragmatic and utilitarian significance of the method) has been given very little attention indeed by psycho-analysts themselves. There may have been others who have dealt with the issues involved, but to my knowledge only Heinz Hartmann and Anna Freud have devoted some space to the discussion of the nature of free associations. There is a span of almost a quarter of a century between the publication of Hartmann's *Grundlagen der Psychoanalyse* and Anna Freud's discussion of the defence mechanisms of the ego. Hartmann sketched for us some fundamental principles of free associations, and it is a pity that this was not followed up either by himself or by others. Hartmann's foundation still stands, without any structure of a comprehensive theory of free association which his foundation is solid enough to support. Anna Freud's skillful tracing of the sources of various associations to their topographical personality units, and her pointing out how quickly the various associations become intermingled as to source and strength, is another contribution which has remained all too brief and not fully utilized by psycho-analysts for the formulation of a more or less systematic theory of free associations. Anna Freud's approach, which is always clinical in the best sense of the term 'classical,' is a very fruitful one, of course—but the dynamic and biological nature of free associations will require in addition a general psychological study.

Let us return now to the point which I made before: namely, that traditional science even today is bound to discard the individual in the individual, whereas the psycho-analyst is bound to preoccupy himself with that which is most individual in the manifestations of human behaviour which at first glance appear to be general. This is emphasized here not only because it is an important methodological point in psycho-analysis, but primarily because it reflects an important, if not the most important, psychological trait of psycho-analysis.

Let us recall that from the very outset Freud discarded hypnosis because he found that the state of the patient's consciousness was very important (both to the patient and to Freud). What seemed important to Freud was that the patient should remain aware of himself and of the world around him throughout the treatment and throughout his lifetime except when asleep. What appeared paramount in this connection was the abolition of a symptom not by means of the magic of suggestion, but by means of the broadening of the patient's own field of awareness, which in turn leads to the patient's own self-conscious mastery of the sources and instinctual constellations responsible for his symptoms. The same reasons led Freud to reject treatment or diagnosis by means of the association experiments of which Jung and his followers became particularly fond. For, pointed out Freud, in every association experiment (in every test, I would add for myself) the stimulus is provided from without, by the experimenter, the 'tester,' and the response to that stimulus in the form of associations is a response to something imposed upon from without, and more or less arbitrarily so. Free associations, on the other hand, are free from this arbitrary imposition of a will from without; the stimuli, as well as the associations to them, come from within the individual himself. This aspect of free associations is of multivalent importance.

Free associations, then, are not free in the sense that they are not subject to the laws of psychological determinism; on the contrary, the stimuli from within as well as the associations are determined by the individual's life history, by the current conditions he happens to be in, by the psycho-analytical situation, and by a host of contributing determinants. But the associations are *free* in the sense of being of and from this given individual and not imposed by an artificial set of quasi-scientific experimental rules, which only vitiate both the spontaneity and the true picture of the given individual's inner life. The scientific and clinical therapeutic value of free associations is in no way disparaged if we point out that Freud's choice of this method, in preference to the various other therapeutic devices which were at his disposal at the time, is more than suggestive of Freud's fundamental even though outspoken humanistic individualism. At all times and under all circumstances he seemed to remain an individualistic libertarian, and he would naturally choose a therapeutic device which could provide the patient with a minimum of interference with his life from without, and a maximum sense of having his (the patient's) own inner life in his own hands, as it were.

This might be considered to be the fundamental philosophical and psychological principle which underlay the whole system of Freudian psycho-analysis. Whatever positive or negative values may be found in the various deviations from Freud, they may be recognized by the fundamental lack of this Freudian libertarian principle. Even those of the many subgroups of variants of Freudian psycho-analysis which claim to be liberal and accept most of Freudian psycho-analysis, and which prefer to consider themselves Freudians or neo-Freudians, are characterized by their tendencies to manipulate with varying degrees of deliberateness their patient's unconscious; in other words they abandon, even if they do not admit it, the libertarian Freudian principle.

In this connection one should not overlook, of course, that from within Freudian circles themselves there often came suggestions for the adoption of considerable activity in the field of free associations. Ferenczi, as we all know, saw a great deal of merit in what he called 'forced fantasies,' but these manoeuvres, I believe, come from a period during which psycho-analysis reflected the unconscious bitterness which was aroused by its academic, sacred and profane opponents. Those opponents either rejected the existence of the unconscious entirely or tried to emancipate it by way of 'purely objective' conscious logic. In other words, the bitterness of the general resistance to psycho-analysis seems to have aroused a similar bitterness among psycho-analysts, a bitterness which expressed itself in the literature of the time dealing with the fundamental rule of psycho-analysis.

Even as late as the thirties the method of free association was described by some in terms of 'frontal' or 'flank attacks' on the unconscious (Alexander). Ferenczi and Rank were not free from this 'aggressive stand,' as it were, when they spoke of the problem. The unconscious was viewed as the enemy; it had to be forced into the open and shown to the unbelieving world, and then had to be conquered before the very eyes of the loud enemies of psycho-analysis. However, during the last twenty years or so it has become obvious that mere uncovering of the unconscious is not enough. Not even full recollection of the forgotten events of one's life, and the liberation from their repressed state of the various unconscious representations as well as affects, is enough. Unless the method of free associations is carried through the process of a new affective reintegration of the personality as a whole, psycho-analysis cannot achieve its therapeutic or scientific goal. In other words, free association has ceased to appear to us as an aggressive weapon to be used against the unconscious, but appears rather as a tool for the broadening of one's field of consciousness (of which Hartmann spoke in 1926), and as an opening of the road leading to the reintegration of the ego.

It is at this point of our consideration that it becomes quite clear how little we know of the processes and laws of free association.

Valuable contributions have been made by many with regard to various clinical types or manners of following the fundamental rule of psycho-analysis. Perhaps it would be more correct to speak now, not of the degree of resistance to free associations, but of the degree of anxiety which inhibits free associations. We would do well to retrace our steps and go back to some of the originators of the association psychologies and the earliest pioneers in the field of free association.

It will be recalled that Birnbaum, and earlier E. Bleuler, considered free associations of inestimable value and linked the exercise of free associations with memory. Where there is no faculty of memory, there is no possibility of any associations. Unfortunately, this is as far as modern psychology, including psycho-analysis, has gone, and this is where we stand today. The phenomenon is well known ; its nature is still a mystery, and it would seem that only psycho-analysts can ultimately find a solution to the mystery, since only psycho-analysts work with this tool. Freud definitely pointed out that he began to call his method the psycho-analytic method, only after he introduced the use of free associations.

At the risk of repeating myself : we psycho-analysts are the only ones who use the tool of free associations effectively, and yet we do not fully appreciate the scientific meaning of it—in this respect we have remained all too empirical and utilitarian. It would appear, therefore, that the time is ripe for the clinical psycho-analyst to examine this tool in the light of a historical-scientific perspective, in order to understand ultimately its psychological nature. We possess a few fragmentary suggestions as to the origin of the method, but they appear in a frame of reference which is suggestive but not fully convincing. Reference has been made to Dr. Wilkinson, to Schiller's correspondence with Koerner (1788). Reference is also made to the essay by Ludwig Boerne (1823, also 1862)—' The Art of Becoming a Writer in Three Days.' All these references concern imaginative writing and art—like James Joyce—but they deal with a stream of consciousness rather than associations.

I would call attention to a few seemingly isolated facts which however appear to me of greater importance. It was John Locke, the English physician-philosopher, who founded the school of association psychology, and it was he who first introduced the term *associations*. The English school of association psychologists exerted an enormous influence on the Continent, through Bradley and John Stuart Mill in particular. It has been established that Freud, when a student at the University of Vienna, knew Brentano, who introduced him to Gomperz, who in turn asked him to translate the twelfth volume of John Stuart Mill into German. We further find (on page 52 of the Introduction to *Aus den Anfängen der Psychoanalyse*)[2] a reference to two articles by J. Hughlings Jackson (Freud leaned on Hughlings Jackson in his article on Aphasias—1891). These articles of Hughlings Jackson appeared in the English journal *Brain* for 1879 and 1880. Freud read *Brain*, for as we all know, Freud was quite familiar with the English language. We know also that in the 'eighties, and even in the early 'nineties, Freud was still highly interested in organic neurology, and that as late as 1893 he spoke of himself as ' we neuropathologists.'

The first of the articles by J. Hughlings Jackson appeared in the January issue of *Brain*, 1879. The volume covering April 1878–January 1879 contains little if anything that is not purely neurological. There are but two articles of some psychological implications : one by George Henry Lewes on ' Motor Feelings and Muscular Sense,'[3] and the other by Dr. H. Obersteiner on ' Experimental Research on Attention.'[4] As far as I have been able to ascertain, there is not a trace referable to these articles to be found in the writings of Freud.

Volume Two of *Brain* covers the period April 1879 to January 1880. The second Hughlings Jackson article appeared in the October issue of 1879 ; in the previous issue, that of July 1879, we find a rather interesting article which is unique as to subject and as to findings. It is from the pen of Francis Galton and bears the title, ' Psychometric Experiments.'[5]

To psycho-analysts it is of special importance to note that Francis Galton stated with firm succinctness that only that which could be measured, or verified by measurements, deserved to be considered scientific. This very old adage, I almost said ' prejudice,' is particularly significant here: (1) because psycho-analysts are still being reproached for not being able to offer the world good, hard-boiled statistics; and (2) because Galton, as we shall see in a moment, dealt with a subject which is the very soul of psycho-analysis. In presenting the subject, he says that ' I propose in this memoir to give a new instance of psychometry ' . . . and ' therefore I trust it requires no apology for offering them [his observations] to the readers of this Journal, who will be prepared to agree with the view, that until the phenomena of any branch of knowledge have been subjected to measurement and number, it cannot assume the status and dignity of a science.'[6]

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[2] Sigm. Freud, *Aus den Anfängen der Psychoanalyse*. London, Imago, 1950.

[3] *Brain*, I, 1878–79, pp. 14–28.

[4] *Brain*, I, 1878–79, pp. 439–466.

[5] *Brain*, II, 1879–80, pp. 149–162.

I am calling your attention to the above words of Galton not so much because they reflect so sharply the devotion of the traditional scientist to numbers, but especially because Galton seems to start his article with an apology. True enough, he makes this apology by explaining why he owes the readers no apology, but the operation of the mechanism of denial is here quite clear. Galton enters at once *in medias res*, and one sees that we are dealing here with a purely psychological subject for which ' real scientists ' were inclined to apologize even in 1879. What Francis Galton wants to consider is almost revelatory. He says, ' ideas present themselves by association either with some object newly perceived by the senses or with previous ideas.'[7] It is these ideas, or the course of these ideas, that Galton sets himself to investigate. He makes it clear that he is not going to deal with 'such of the associated ideas [as] are fixed and vivified by the attention, as happen to be germane to the topic on which the mind is set.'[8] It is worth recalling in this connection the term ' free-floating attention,' which Freud used. Galton says that the ideas he speaks of ' arise of their own accord, and we cannot, except in indirect and imperfect ways, compel them to come. . . These associated ideas, though they are for the most part exceedingly fleeting and obscure, and barely cross the threshold of our consciousness, may be seized, dragged into daylight and recorded.'[9] He refers to another article on the same subject which he had published in the March issue of the journal, *Nineteenth Century*; unfortunately I have been unable thus far to locate this article.

Throughout his article in *Brain* Galton gives relatively ample evidence that he was dealing actually with what we call today free association. He points out how difficult it is to keep one's attention free, ' unfixed ' as it were; how evanescent some of the associations are, and that they lead sometimes into most surprising corners. ' They [the associated ideas] gave me an interesting and unexpected view of the number of the operations of the mind, and of the obscure depths in which they took place, of which I had been little conscious before.'[10] Galton uses a curious simile. ' The general impression they have left upon me is like that which many of us have experienced when the basement of our house happens to be under thorough repairs, and we realize for the first time the complex system of drains and gas and water-pipes, flues, bellwires, and so forth, upon which our comfort depends, but which are usually hidden out of sight, and of whose existence, so long as they acted well, we never troubled ourselves.'[11] It would not be without interest to study more closely the above simile and compare it with Freud's simile of Rome with all its ancient edifices and monuments which are no longer extant, with their full glory still present but unseen beneath the new buildings and palaces of the later and modern Rome. It is perhaps not surprising that the meticulous Galton, who saw science ' in the art of imposing measurement and number,' should be inclined to offer an anal simile to illustrate the penetration of free associations into the conscious.

I shall not attempt to describe in detail Galton's serious struggle with his ' associated ideas.' It was a truly novel and truly honest effort to associate freely while alone, walking in the streets and paying a high emotional price for the privilege of becoming, being, and staying aware of everything that came to his mind. Galton became aware of things of which he had not been aware previously, he recovered lost memories, he felt discomfort and even anger—the whole gamut of resistances as they are reflected in our patients' resistances today. Painstakingly, he wrote them down after each ' session,' as perhaps we should call it. He found that recollections of things forgotten 'appeared under no less than three different aspects on different occasions.' He found that 39 per cent of the associations led him to his boyhood and youth; only 15 per cent dealt with recent events.

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[6] *Brain*, II, p. 149.
[7] *Brain*, II, 149.
[8] *Loc. cit.*
[9] *Brain*, II, 150.
[10] *Brain*, II, 151.
[11] *Loc. cit.*

In other words, Galton seems not only to have discovered the method of free associations, but he worked with it for a while (on himself only), and quite effectively; so much so that he concluded that 'They [the associated ideas] lay bare the foundations of man's thoughts with curious distinctness and exhibit his mental anatomy with more vividness and truth than he would probably care to publish to the world.'[12] And he concludes: 'Perhaps the strongest of the impressions left by these experiments regards the multifariousness of the work done by the mind in a state of half-unconsciousness [*sic*], and the valid reason they afford for believing in the existence of still deeper strata of mental operations, sunk wholly below the level of consciousness, which may account for such mental phenomena as cannot otherwise be explained.'[13]

What is even more striking is Galton's insight as to some repetitiveness and some elements of determinism in psychological functioning. He calculated the number of times ideas appeared singly, in 'doublets,' 'quadruplets,' etc. and the concluding lines of his article read:

'We gain an insight by these experiments into the marvellous number and nimbleness of our mental associations, and we also learn that they are very far indeed from being infinite in their variety. We find that our working stock of ideas is narrowly limited, but that the mind continually recurs to them in conducting its operations. . .'[14]

It is impossible to say with certainty whether Freud was familiar with Galton's article in *Brain*. There is almost no doubt that he had this issue of the journal in his hand. Whether he read this article or not matters as little as the question of whether Freud read Schopenhauer or Nietzsche before he formulated many of his hypotheses. It matters little because historically there was a bond between Freud and the thoughts of his day, and this bond was not only intellectual but emotional in nature. There is little doubt that the discovery of the method of free associations by Francis Galton, who was steeped in the tradition of English psychologists, reflects a certain degree of maturity of psychological trends. However, in the case of Galton this maturity bore really no fruit, because Galton was still too much the child of the laboratory and the addict to statistical tables. It was left to Freud, who was trained in laboratory work, to take the decisive step and assign human intuition the dignity of a scientific working tool co-equal at least with the method of 'imposing measurement and number.'

What matters here is the proper historical perspective, and the true value placed on free associations. This was best expressed by K. R. Eissler, who said that 'Freud's technique of free association and his conception of the laws underlying the process are not a foreign body in the development of psychology, but a logical link between the old psychology of associations and modern psychology. . . It is almost always overlooked that Freud rescued the work of those great philosophers who laid the foundations of present-day psychology . . .' Anyone who rejects the technique of free associations 'is ignorant of the very basis upon which psychology of the last three hundred years has rested. . .'[15]

The point of Kurt Eissler is well taken. It not only places Freud and the method of free associations as culminations of a historical evolution, but it puts renewed emphasis on the importance of this method.

The method of free associations is to be looked upon not merely as a new technical device which we owe to the inventive genius of Freud. Rather, it ought to be viewed as a maturation of a developmental root in the history of psychology. This root, this trend, this embryonal tendency—call it whatever you wish—in the history of psychology was caught and made fertile by Freud's intuition. Viewed from this angle, the question of the priority of Freud's ideas on and use of free association becomes rather unimportant; not even the question of the originality of the method seems to matter. What does matter then is this:

History seems to be made imperceptibly, and a wealth of ideas and conceptions seems to lie idly around in full sunlight, ripening, maturing—and ultimately even decomposing and disappearing. Then (this is true even more of intellectual and scientific than of political history) a day comes when someone picks up that which seems to have lain unnoticed by anyone except him, and he makes it a fruitful part of our scientific heritage. Such men we call creative geniuses. They are truly creative, yet they seem to have created nothing new; it was their mental gaze, their perception, that was creative.

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[12] *Brain*, II, 162.

[13] *Loc. cit.*

[14] *Loc. cit.*

[15] *The Psychoanalytic Quarterly*, 1941, **10**, p. 306.

Therefore it is not a mere accident, nor a strange coincidence, that Francis Galton closed, as it were, his scientific life toward the end of the nineteenth century with a discovery which he did not know how to use or even what to do with, whereas Freud started his scientific life during the closing decades of the same century with the same discovery—which he however refined and made excellent use of for deeper understanding of what Galton called ' the operations of the human mind.' Freud's discovery seems to have been historically born out of Galton's discovery. Galton's discovery seems to have come out of the very depth which Galton was unable to penetrate ' by the imposition of measurement and number.' Freud's discovery came out of the same depth of the human mind, to become a valuable tool for reaching further depths in the same soil.

It is not out of place to take cognizance of the following paradox.

The more significant Freud's work appears in the perspective of intellectual and scientific history, the more does it appear to be original and independent, and yet a powerful and indissoluble link in the historical continuity of scientific thought as regards the functioning of the unconscious strata of the human mind. His work is so strikingly new, and yet so astonishingly well rooted in that which it uprooted.

Is this not the case with all true intellectual revolutions ?

BOOK REVIEWS

Organization and Pathology of Thought. Selected Sources. By David Rapaport. (New York: Columbia University Press, 1951. Pp. xviii + 786. Price $10.00.)

This is an unusual type of book, an anthology on the grand scale, which should provoke useful discussion and stimulate research. The author remarks in his Preface that our knowledge of thinking is 'scant' and this volume should help to amplify it. It is a source book of material bearing on the organization and pathology of thought and, although it does not pretend to be complete, the author's selection has two great merits. Firstly, he has not limited himself to a single avenue of approach but has included papers by psychologists, psychiatrists, and psycho-analysts. Secondly, he has chosen a number of papers not readily accessible to the English-speaking public; many appear in English translation for the first time.

The author has not only had to select his papers but also the relevant parts of many of the chosen papers and to omit passages with less bearing on the central theme. The reader may sometimes regret the omissions, particularly in the case of papers translated for the first time, but a summary of the omitted parts is often given in the running commentary which accompanies the papers. This method may incur some criticism, as the flow of the text is constantly interrupted by footnotes, but any reader who finds this aggravating can ignore the commentary on first reading and return to it later. It would be a mistake for him to ignore the commentary altogether, as it is an integral part of the book and a preparation for the final chapter in which the author tries to extract the common theoretical implications and to foreshadow a more comprehensive theory.

The list of papers with their sub-headings is too long to quote; it will be enough to say that they fall into five groups: directed thinking, symbolism, motivation of thinking, fantasy thinking, and pathology of thinking. The Introduction should on no account be missed, since it contains a full explanation of the author's aims and methods and an account of the various difficulties he had to face. There is a good bibliography and name and subject indexes.

In his Conclusion, 'Towards a Theory of Thinking', the author has tried to organize the results of his study around a psycho-analytic theory of thinking. He has attempted, not to create a theory but 'to integrate into a continuity the concepts and thought-patterns that have been used' (i.e. in the source papers and commentary). This is a difficult task but the effort has not been wasted; the result is a clear and balanced exposition of an interim theory which deserves close study. A few of the main conclusions may be itemized as follows:

The primary model of thought is: 'mounting drive-tension—absence of drive-object—hallucinatory image of it' (the cathexes are directed toward the memory-trace of gratification). Ideas, though less highly cathected than their prototypic hallucinatory images, are both indicators and safety-valves of drive-tension.

Primary psychic structure is held to reside in such 'givens' as the apparatus which forms memory traces, the threshold of tension tolerance, etc. These 'structures' tend to limit drive-discharge and are the prototypes of later developing psychic controls. They are embodied in the ego and form the nucleus of the 'conflict-free ego-sphere'.

'The primary organization of memories occurs around drives.' The thought process based on drive organizations of memory, whose cathexes are freely mobile and wish-fulfilling, is termed the 'primary process'.

Conceptual organization is gradually superimposed upon the drive-organization of memories as the means by which real satisfaction can be obtained become more clearly apprehended, i.e. with the development of reality testing. 'Functional concepts' emerge and the transition from idea to idea tends to be determined by their 'connectedness along the pathways in reality toward the need-satisfying object'. Goal-directed thinking is 'secondary process' thinking.

When integrated counter-cathectic control systems have been established, drive cathexis alone no longer suffices to make a memory conscious. 'The additional cathexis, which a drive-cathected idea must obtain to become conscious, is conceptualized as hypercathexis or attention-cathexis.' 'Thinking is never a purely "cold" process.'

The remaining sections, dealing with controlling energy distributions, the rôle of thought-organization in reality-testing and drive-mastery, motivations of thought, etc., are too closely argued to be fairly sampled. The concluding passage, on 'The Possibility of Knowledge' merits special attention. The key concepts for the socialization of thought are introjection and identification. Communication not only enriches individual experience but may 'combat the deleterious effects of defences'.

In regard to the pathology of thinking 'a complex picture of thought-disorders emerges, which cannot be reduced to any single factor. . . . this complex phenomenon will finally exact a complex explanation'.

It will be evident that the author's thinking has been greatly influenced by the work of Hartmann. Thus he describes the distribution of energy within the psyche in terms of cathexis and counter-cathexis and endorses the assumption of a 'conflict-free ego-sphere', a concept that entails a definition of psychic structure that may not be very familiar to British readers.

Description of energy distribution in terms of cathexis and anti-cathexis is legitimate metapsychology, since the term 'cathexis' is not restricted to its original meaning of 'libido-charge' but is used as equivalent to 'drive-charge'. Few psycho-analysts are likely to question that 'the drive-needs of the organism are disequilibria in energy distribution' or that 'Action is a discharge activity whose aim is to re-establish equilibrium', though some may find the statement that 'action is always object-directed' more debatable. Others may dislike the Associationist flavour of cathectic terminology, but will still agree that both affect and ideation may justly be considered to be 'drive-representations' since both are 'indicators and safety-valves of the drive-tension'. Indeed this terminology is a useful reminder that we must always consider both amount and direction (quantity and quality) in dealing with any problem of energy distribution.

There will also be little question 'That dynamics alone, without corresponding structural considerations, cannot explain either thought-organization or its pathology'. It is the definition of psychic structure that is more controversial. The definition of primary psychic structure given here converts the mental organizations into secondary psychic structures. The components of primary structure listed in this book cannot readily be equated with the primitive mental systems described by Glover as 'ego nuclei' and which could be termed primary psychic structure inasmuch as they represent the initial stages of mental organization. The author himself has made some attempt to correlate his views on primary psychic structure with secondary structure, i.e. with Freud's conceptions of the three-fold psyche. Thus he equates the totality of drives with the id and considers that 'The ego-ideal and the super-ego also appear to be specific cathectic organizations, like those which give rise to reflective awareness.' It is noteworthy, however, that introjection and identification are discussed only in relation to the socialization of thought and to the development of reflective awareness. The rôle that may be played by identification in the initiation of the various 'hierarchies' of counter-cathectic organizations is not considered, although it is noted that 'the counter-cathexes seem to be derived from the drive which they repress'. There is no allusion to such consequences of ego-differentiation as the division of labour between super-ego and ego in regard to instinct-testing and reality-testing, which is responsible for so much of the automatism of instinct-control.

The reader's evaluation of this book will depend to a great extent on the degree to which he accepts or rejects Hartmann's ego theory. The fact that so many of Hartmann's observations are clearly sound and his arguments cogent makes it all the more difficult to formulate any misgivings that arise about some of his crucial conclusions. For instance, the factors listed in this book as components of psychic structure are all 'givens' and all 'givens' which undoubtedly play a vital part in conditioning the development of the ego-organization. But is it necessary or desirable to regard them as psychic structure? No mental organization could develop in the absence of 'memory traces' but is the 'apparatus which forms memory traces' a purely psychological conception? One may agree with Hartmann that ego development is *influenced* by three sets of independent variables (congenital variations in instinctual endowment, environmental factors, and congenital variations in brain and nervous structure) and still prefer to restrict the definition of psychic structure to the pattern of organization of mental processes. One may argue that inherited differences in ability, or tension tolerance, like the inherited predispositions to certain types of defence surmised by Freud, enter into the structure of the psyche only through their effect on the shaping of life-experience and habits of adaptation. However exact the parallel between metapsychology and brain physiology may prove to be, should we not continue to distinguish between variations in brain structure and their corresponding modifications in ego-organization, as clearly as we distinguish between the organic needs and the mental drives they stimulate?

Misgivings that Hartmann is initiating a borderline conception of psychic structure may not be justified, and, in any case, his work cannot be adequately discussed in this review. But this work is exerting great influence on psycho-analytic thinking in the United States and may thus prove to be an important determinant of the future development of theory. It would seem that the British Psycho-Analytical Society may have been too preoccupied with its own controversial issues to give the new ego theory the attention it demands. To return to the book in hand, it would probably not be unfair to describe David Rapaport's conclusions as issuing from the extension or application of Hartmann's theories to the organization and pathology of thought. Whatever the ultimate verdict on the author's theory, the worth and usefulness of this volume as a source book will not be affected.

Marjorie Brierley.

Childhood and Society. By Erik H. Erikson. Imago Publishing Co. (No date.) Pp. 397. (Price 25*s*.)

This book, while making an important contribution from psycho-analysis to social science, is at the same time a most welcome enrichment of psycho-analytic thought. The author draws on his work as a psycho-analyst, and especially as a child analyst, as well as on his experience in anthropological field work in this study of the warp and woof of childhood and society. Case material of children, American Indians and war casualties is illumined by psycho-analytic understanding of neurotic conflict.

Erikson demonstrates both the familiar and its reverse: that the individual's behaviour as a member of society is determined by childhood experiences, but also that these very experiences depend in their turn on the milieu in which they happen. They vary from culture to culture, from class to class. Certain events will only occur in certain cultural settings; a particular stress will only obtain in a particular environment. Such events and stresses are handled and solved in no arbitrary manner, but in the strict tradition of the community concerned.

In complete contrast to the views held in many psycho-analytic circles (in their most extreme form by the British child analysts in their emphasis on the child's early phantasy life), Erikson underlines the societal factors through which, from earliest childhood, we are each one of us trained to fit into our communal surroundings. It is not planned or scientific training, but instinctive; growing into the particular pattern prevalent in each community only through continuous trial and error, and through constant repetition of the bitter consequences of each false step. The pattern is imposed by forces which are part of and are diffused through the whole network of the communal body. Parents and teachers are therefore not consciously aware that the way in which they bring up their children is absolutely dependent on the dictatorial direction of communal forces.

The first part of the book is concerned with childhood and the modalities of social life, and contains a most important restatement of the whole theory of infantile sexuality.

Dealing with relevance and relativity in case history, the author points out that we now think of neuroses as psycho- *and* somatic, psycho- *and* social, and *inter*personal. Yet we often retain the semantic assumption that mind is a 'thing' separate from the body, or society a 'thing' outside of the individual. A neurotic person is crippled at the core: he experiences the loneliness, isolation and disorganization of experience which we call neurotic anxiety.

The organism is viewed as a process, the author being concerned with the homœostatic quality of the living organism. There is no anxiety without somatic tension, no individual anxiety which does not reflect a latent concern common to the immediate and the extended group. He speaks of the three processes of organization: the somatic process, the ego process and the societal process. In the history of science these have belonged to different disciplines—biology, psychology, and the social sciences, each studying what it could isolate and dissect: single organisms, individual minds, and social aggregates. Our thinking is dominated by this trichotomy, yet 'somatic tension, individual anxiety, and group panic are only different ways in which human anxiety presents itself to different methods of investigation'. Clinical training should, ideally, include all three methods.

Erikson rightly stresses that psycho-analysis is a historical method. Yet we are not mere observers, but our active rôle in the therapeutic process is to re-establish a mutuality of functioning. We study the individual human crisis by becoming therapeutically involved in it: the catastrophe having occurred, we introduce ourselves as a curing agent without ever knowing what this life was like before we became involved in it. Such, says Erikson, are the conditions under which we do therapeutic research. We hope that the patient and his family will, through our study of their history, gain 'deeper humility before the processes which govern us, and the ability to live with greater simplicity and honesty'.

The author gives a lucid account of libido theory of infantile sexuality, incorporating many of the well-known psycho-analytic findings accumulated during the last twenty or thirty years, but which have not, perhaps, been so clearly and systematically presented before. The systematic relationship between body zones and modes is demonstrated, with clinical examples illustrating, for instance, the connection between children's bowels and social life. Modes are classified and charted through consecutive stages.

Summing up, the author states that 'man's "inborn instincts" are drive fragments to be assembled, given meaning, and organized during a prolonged childhood by methods of child training which vary from culture to culture, and are determined by tradition. In this lies his chance as an organism, as a member of society, as an individual. In this also lies his limitation,' for man survives only where traditional training has given him a conscience firm and flexible enough to fit the vicissitudes of his era.

Correspondingly, Erikson does not think in terms of primary aggressive instinct. Fear and mutual mistrust arise where the mutual regulation of the family group breaks down. In his search for substitute controls the child attempts to defend his independence by autoeroticism linked with hostile phantasies. Only through this twist, this being turned against the self or against others, does his ad-gression turn into aggression.

In the second part of the book the author introduces us to child upbringing in American Indian tribes. The cultural setting is far removed from our own, and allows the author to demonstrate with perfect clarity how completely childhood training is tied up with the social pattern of the community.

Part three, devoted to ego psychology, constitutes the very heart of the book, and is an important new contribution. The ego is shown—at its very core, in its very genesis—as a social institution, rooted in the social organization; the centre of the personality is permeated by the social process.

A schizophrenic child is presented as an illustration of ' early ego failure '. Such children cannot integrate, their ego is impotent. Withdrawal by the mother is itself provoked by the child's early lack of emotional response.

Discussing play therapy, the author considers ' playing it out '—the equivalent of the adult's ' talking it out '—as the natural, self-healing measure childhood affords. Autocosmic play begins and centres on the child's own body. The next step in play is the microsphere, the immediate world of manageable toys, a thing world with its own laws. Finally, at nursery school age, playfulness reaches into the macrosphere, the world shared with others. The limitation of play-therapy is set by ' the tendency (especially strong in neurotics) to transfer basic conflicts into every new situation, including the therapeutic one '. Play disruption is a sign of infantile neurosis.

In the last part of the book we are shown some facts and myths in the United States, compared with legends in Germany and Russia. These illustrations are of great interest and provide further exemplifications of the general argument of the book.

The author's life in the United States makes him naturally put some emphasis on the American social scene. He presents us with the study of an American child, in a composite portrait of a frequently met type of boy, and his family background. Mother is a bit of a ' Mom ' (a prototype studied in some detail), who is the really vital person in making the child what he is. She makes him conform to the pattern *before* there is any struggle—starving him sensually and emotionally, though she is not, of course, conscious of this. The boy's relationship to his father is a fraternal, joking one. The image of the grandfather, passed on by the mother, is of very great importance. The effect of his early training has made the child machine-like and clock-like; he is anti-intellectual, and does not feel or think by himself.

This book is a comparative study of childhood confusion, stress and distress, in their respective relation to European-American culture and, by contrast, the American Indian tribal setting. The study of the development of ego psychology is of outstanding importance.

But it is not only the subject matter that makes this a book of unusual significance. The basic orientation which runs right through it will, sooner or later, be shared by all psycho-analysts. Yet it is still strange to most. This book gives them an opportunity to reorientate themselves in the most pleasant way. It will repay careful study by all.

S. H. Foulkes.

General Theory of Neuroses. Twenty-two lectures on the Biology, Psycho-analysis, and Psychohygiene of Psychosomatic Disorders. By Rudolf Brun. (New York: International University Press, 1951. Pp. 468.)

Professor Brun has long been known as a distinguished scholar in several fields. His studies on the instincts of the ants won him early recognition. He has also made important contributions to neurology and psychiatry. There have been three great influences in his career: August Forel, Monakow, and Freud. In this book he attempts to synthesize his masters' concepts. The result is an impressive work characterized by the thoroughness, sincerity, and lucidity which are the hallmarks of Swiss scholarship.

The material is presented in lecture form. There are twenty-two lectures in all. The author proposes a new clinical classification. The neuroses are a group among the ' primary disorders of the instinctive life ' called the hormopathies, which may be organic or functional in origin. The former fall into three groups: the dysglandular, the constitutional endogenous, i.e. the major psychoses, and the organic cerebral. The functional hormopathies are identical with the neuroses which, again, are divided into two groups according to their supposed causation. The first group consists of the vegetative neuroses (to which Freud's actual neurosis belongs), the neurasthenias, and the fright neuroses. They are believed to be due to mechanical or toxic disturbances of the vegetative cerebral centres. The nature of those hypothetical disturbances is still obscure. The second group are the psychoneuroses proper (Freud's transference neuroses), i.e. the hysterias, the phobias, and the obsessional neuroses. They are truly psychogenic. That differentiation of the neuroses is the author's main thesis and he is quite dogmatic about it. He believes that Monakow's ' plexus theory ' throws light on the etiology of the first group, which also includes anxiety neurosis. According to Monakow, the functions of the brain can be impaired by mechanical or toxic damage to the hemoencephalic barrier of which the plexus chorioidei are the chief part. It is only fair to point out that no agreement has been reached among neuropathologists about the significance of the findings on which Monakow based his far-reaching speculations on the causation of mental disorders.

Brun includes within neurasthenia all the so-called psychosomatic disorders. In those conditions and in the other ' organic ' neuroses the psyche only sets into motion a variety of physical processes. The basic underlying condition is the primary and innate liability of the vegetative nervous system which reacts abnormally to the supposed toxic or mechanical damage. But almost every chronic neurasthenia has a psychogenic superstructure which yields to psychotherapy.

The lectures dealing with the theory of instincts are by far the most interesting part of the book. Here the author reviews his experimental studies on the instincts of the ants, and he rightly claims that some of the more recent observations of animal psychologists hailed as new discoveries had been made by himself many years ago. Brun was the first to produce experimentally in animals analogues of psychodynamic mechanisms described by Freud and thus to establish their importance for biology. Brun distinguishes two main groups of instincts: those of self-preservation and those of species preservation. He rejects the theory of the death instinct.

In the chapters on the neurotic personality, the author follows conventional psycho-analytical theory. Therapy is briefly discussed in the final lecture. As it is the author's conviction that his first group of neuroses are due to pathological sensitization of the vegetative nervous system usually conditioned by toxins, he recommends medication which, at the same time, desensitizes the sympathetic and stimulates the parasympathetic system. He has a special word to say about anxiety neurosis, which he still believes to be mainly caused by damming up of libido. He states that the remedy lies in encouraging the patient to abandon the unsuitable sexual regime. The reader is left in the dark as to what the author actually means. For the psychogenic neuroses psycho-analysis is regarded as the treatment of choice. A useful glossary concludes the book. The translation by Bernard Miall is competent and the reader should find no difficulty in following the author's sometimes complicated but always lucid expositions.

This book is an interesting addition to the literature. In theorizing on the etiology of the psychosomatic disorders the author adheres to a vogue which was at its height when Freud, Bleuler, and Monakow wrote their fundamental works. We have only recently been reminded by Annie Reich (*Psychoanalytic Study of the Child*, 1951) that as late as 1928 Freud held views similar to those expressed in this book on the different etiology of the two groups of neuroses. And nowadays it is generally accepted that the factors underlying psychosomatic symptoms are different from those underlying other neurotic manifestations. But although the ubiquitous 'stress' has taken the place of the all-pervading 'toxins' of the twenties, our ignorance of the etiology of psychosomatic symptoms is still almost as great as it was a generation ago. The problems with which Professor Brun is struggling are as topical as ever. His refusal to dress them up according to the latest fashion deserves respect.

E. Stengel.

Mind, Perception and Science. By W. Russell Brain. (Oxford: Blackwell, 1951. Pp. vi + 90. 6*s*.)

Of recent years certain neurologists have displayed an increased interest in questions of consciousness and philosophical problems of perception. Sir Russell Brain has found that neurology does not give answers to his questions and that the answers offered by philosophers do not altogether satisfy him. He has therefore had to philosophize for himself. In this Manson Lecture, here reprinted, he gives some excellent criticism of the classical neurological account of perception. He lays stress on the rôle of the body, and he thinks that the 'body-image' must play a fundamental part in the explanation, for instance, of localization of sensations and of our awareness of externality. He moves away from the old atomistic conception and regards patterns as basic; he regards states of mind as influenced by patterns of neural impulses.

This may show to what an extent Sir Russell Brain is trying to question common assumptions within neurology. When we come to the positive reconstruction that he attempts to make, however, the result is rather thin, and it is not at all clear what precisely is the theory of perception he is putting forward. His answer to the question, for instance, how the nervous system can yield information about the external world is that the nervous system provides symbolic representation, i.e. provides symbols both for external objects, and for relations between them, and also for relations between them and the body. The concept of symbolic representation would require a great deal of elaboration before we could judge whether it could carry such a load. None the less, whatever the deficiencies of the theory, it is useful to know how an eminent neurologist views such matters. Provided solutions are not expected, parts of the book should be widely read for the very stimulating things they contain.

J. O. Wisdom.

Textbook of Psychiatry. By Eugen Bleuler. Translated by A. A. Brill. (Dover Publications Inc., 1924, re-issue 1952. Pp. 635. $7.50.)

There has recently been a revival of interest in the clinical manifestations of mental disorders, a highly desirable development in view of the still widespread misconception that there is an intrinsic antagonism between descriptive and dynamic psychiatry. However, it seems doubtful whether the republication of Brill's translation of an early edition of Bleuler's textbook deserves an unqualified welcome. The translation is poor and in places ridiculous. The medical student and the psychiatrist in training are likely to find Bleuler, in this presentation, odd, old-fashioned, and outlandish. It is a pity that the publishers have not made it sufficiently clear that the German original of which this was a translation has long been superseded by a series of revised editions, and that this book can claim historical interest only. With Bleuler's monograph on Dementia Præcox having recently appeared in a good English translation, it would have been better to wait for the translation of the most recent revision of his father's book by Manfred Bleuler. Brill's valiant efforts in the field of translation demonstrate what a difficult task is the transposition of a psychiatric work from one language into another.

E. Stengel.

The Homosexual in America. By Donald Webster Cory. (Greenberg, New York. Price $4.00.)

The Homosexual in America is really an anthropological study written by ' one of the natives' : how the homosexual thinks and lives and what are his social customs. The book could be regarded from another angle, as an interesting study of the interaction of psychological and social pressures and how a vicious circle results; the homosexual's behaviour is exaggerated and, in turn, shocks society so that he is ostracized even more stringently and is driven to really anti-social conduct which in itself has little to do with homosexuality. One of the most interesting sections is Chapter XIII which tells of the difficulties of a permanent union between homosexuals.

The author puts up a very good case for the repeal of laws against homosexuality; he also shows that homosexuality in America has become one of the minority problems like the Jewish and the Negro questions. The author has studied psycho-analytic literature on homosexuality and refers to it frequently. With some psycho-analytic conclusions he agrees, but others he would like to modify.

This book, though somewhat overlong, is a sincere and courageous attempt to face up to the problems of homosexuality. It has a special message for homosexuals and its perusal might well give physicians and teachers an insight into a thorny question.

S. L. Yates.

Any Wife or Any Husband. By Medica (Dr. Joan Malleson). (Messrs. William Heinemann, Medical Books, Ltd. Price 7*s.* 6*d.*)

This is a wise, well-written book, obviously the fruit of much clinical experience. It deals with the sexual problems of marriage, their origin and treatment.

The book is written in a clear, practical, interesting way, without any medical jargon, but, nevertheless, the matter is all based on sound psychoanalytic principles. It is warmly recommended to general practitioners and laymen, especially to Marriage Guidance Councillors, etc., to help them in the advice they themselves give, especially with reference to when a gynæcologist should be consulted and when a psychiatrist, and so on.

One of the outstanding features of the book is the way ' Medica ' emphasises the large range of sexual behaviour which can be included in the normal, a fact which is often overlooked.

S. L. Yates.

Inside Out. By Adrian Stokes. (Faber and Faber, 1947.)

Smooth and Rough. By Adrian Stokes. (Faber and Faber, 1951.)

It is fortunate that an art critic and historian of Adrian Stokes's standing should have become associated with the psycho-analytical movement. He freely acknowledges the debt which his æsthetic insight owes to his personal experience of psychoanalysis. His recent psychological conceptions of artistic creation are already foreshadowed in an earlier book *Colour and Form* (Faber, second edition, 1952) which has found a great deal of attention among artists. There Stokes expounds the integrating function of colour which links together disconnected object forms. This tension between disintegrating and re-integrating factors is now interpreted in depth-psychological terms. *Inside Out* deals with the externalization of the artist's internal conflict into the work of art. In merely looking at nature we may project our tendencies towards destruction or reparation into the landscape. Stokes recalls autobiographically how to him as a small child the park in which he had to play seemed polluted, full of sinister secrets or threatening destruction, and how he felt a desperate wish to ' put it right '. The park scene might have symbolically represented the torn body of the mother destroyed in unconscious aggressive phantasies. In the desolation which the artist might feel in looking at reality the same unconscious phantasies might be at work. But the creative mind has the power to ' put it right '. The quarry which yields the builder's raw material appears as an ugly wound; the architect, however, fits the broken stones again into the organism of the house, representing the inviolate body of the mother, ' as if the smooth body of the wall-face, or the smooth vacancy within the apertures, were the shining breast, while the mouldings, the projections, the rustications, the tiles, were the head, the feeding nipple of that breast ' (*Smooth and Rough*, p. 61).

Stokes anticipated or at least paralleled the findings of H. B. Lee and H. Segal (see her *A Psycho-Analytical Approach to Æsthetics*, this JOURNAL, 33, 2). Common to all these writers is an insight that the primary phase of artistic activity was destructive or even self-destructive, calling up the integrating function of creative activity. (My own analysis of artistic perception techniques also points to a primary disintegration of ' surface perception ' to be made good in the æsthetic experience.) Compared with such theoretical formulations striving towards precision and compactness, it may appear somewhat difficult to follow Adrian Stokes into his day-dreams of sadness and hope. They partake of the fluidity and ambiguity possessed by all poetry. As such they may retain a validity more enduring than our ephemeral attempts at scientific theory.

Anton Ehrenzweig.

Cybernetics. Transactions of the Sixth Conference, 1950. Transactions of the Seventh Conference, 1951. Edited by H. von Foerster. (Josiah Macy Jr. Foundation, New York. $3.50 each.)

The United States is fortunate in having such Foundations and men of imagination and means to bring them into being.

This Foundation has at least thirteen conference groups, of which cybernetics is one. On account of the wide ramifications of the subject, experts from many different fields constitute the group. The proceedings are informal. Nothing was printed from the first five meetings. But the discussions at the sixth and seventh were recorded and are published in these two volumes. The topics discussed in the sixth were: ' Psychological Moment in Perception '; ' Neurotic Potential and Human Adaptation '; ' Quantum Theory of Memory '; ' Possible Mechanisms of Recall and Recognition '; ' Sensory Prothesises '. The seventh opened with ' Some of the Problems concerning Digital Notions in the Central Nervous System ', and then devoted all the other discussions to aspects of language, the relation of which to cybernetics is not clear.

It is impossible to review the content of such work. The books make interesting reading and they continually stimulate. Their great value is that they enable us to feel present at the discussions of some very distinguished thinkers of another continent. We are presented not with the polished product of a piece of research but with ideas in the making, so that we can see what ideas are in the minds of these researchers and what aspects of problems are troubling them. Though privileged to be present, we are debarred from one thing—asking questions like the others. But with the growth of communication engineering this defect may disappear.

J. O. Wisdom.

INTERNATIONAL CONGRESS, 1953

The 18*th Congress of the International Psycho-Analytical Association* will be held in London, at Bedford College, Regent's Park, London, N.W.1, from Sunday, July 26 to Thursday, July 30 (inclusive) 1953.

ANNOUNCEMENT OF PRELIMINARY PROGRAMME

Sunday, July 26. 10 a.m. to 5 p.m.: Registration for the Congress at Bedford College. Evening: Reception by the British Psycho-Analytical Society. *Monday, July* 27. Morning: Opening Address—General Session. Afternoon: Simultaneous Sessions—papers of general interest, each session composed of four papers grouped according to topic. *Tuesday, July* 28. Symposium on Schizophrenia. Morning: General Session—The Psychopathology (theory) of Schizophrenia. Afternoon: General Session—The Treatment of Schizophrenia. *Wednesday, July* 29. Morning: Simultaneous Sessions—each composed of four papers grouped according to topic. Afternoon: Two Panels (meeting simultaneously)—(1) Mechanisms of Defence and their place in Psycho-Analytic Technique. (2) Comparison of Problems of Training and of Therapeutic Analyses. (Open only to members.) *Thursday, July* 30. Morning: Business Meeting. Afternoon: Recreational Meeting.

Information of the Official Reception, the Congress Dinner and Excursions will be given later.

Titles and two copies of the Abstracts of individual papers should be sent to the Chairman of the Programme Committee before February 15, 1953: Dr. Phyllis Greenacre, 970 Park Avenue, New York City 28.

Membership of the Congress: Attention is drawn to the fact that membership of the Congress is only open to the following groups of people: (*a*) all those whose names were included in the list of members of the International Psycho-Analytical Association published in the INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, 1952, Vol. 33 (3). (*b*) Anyone not on this list whose application form has been countersigned by the Secretary of his local Psycho-Analytical Society. (*c*) Husbands or wives of members of the Congress.

Further details, including registration forms, will be circulated to all members of the International Psycho-Analytical Association during October 1952.

Members are warned that as the Coronation will be held in June, 1953, they should obtain accommodation and travel reservations. The Congress Administrative Committee have been asked by their travel and hotel agents to urge members to make their arrangements as early as possible. (Received from the Congress Administrative Committee in London.)

ABSTRACTS

THE PSYCHOANALYTIC QUARTERLY

20, 1951; No. 2

William N. Evans. 'Simulated Pregnancy in a Male.'

With the purpose of augmenting the sparse clinical contributions on this theme, this paper gives a case history account of a male's wish to bear a child. Evans describes a thirty-year-old man's re-enactment, during analysis, of his childhood theories of pregnancy and birth. His wish to have a child was acted out during treatment in hysterical seizures which imitated his conception of a witnessed parental intercourse. A marked tendency to reverse words, numbers, and images was in part determined by his having had two views of the primal scene, one reversed in a mirror. Repression and distortion of his scopophilia contributed to this tendency. In this analysis, he played out the drama of intercourse-pregnancy in reverse, a process which Freud described as a feature of the analysis of hysterical attacks. Abdominal pains, coughing and fear of bursting during delivery were dramatic features of his pregnancy fantasy. At the end of a forty-week gestation period he came to term in an unfruitful, and disappointing childbirth. In this, his identification with his mother was faithfully preserved even to significant dates. Pregnancy and childbirth also represented castration.

Leon L. Altman.

Max M. Stern. 'Anxiety, Trauma and Shock.'

Correlating the basic processes of 'adaptive stabilization' (homeostasis) with analytical concepts, a physiological shock theory of anxiety is introduced as an operational hypothesis. Stress of any kind produces two systemic reactions, shock, which is the approach of death in natural ways, and the homœostatic reaction (shock defence), due mainly to endocrine activity (adrenals, hypophysis). Shock from psychic over-stimulation is the consequence of a psychic traumatic situation (rupture of the stimulus barrier) when the homœostatic defence functions inadequately.

Anxiety is defined as an anticipatory reproduction of traumatic situations experienced in early infancy, i.e. of the shock reaction which, owing to the immaturity of the postnatal organism, is physiological in the postnatal period and, to a lesser extent (paralleling ego maturation), throughout the early infantile period. The concept of anxiety as an anticipatory reproduction of shock leads, by means of a detailed investigation into the processes connected with physiological shock, to a surprising clarification of a number of basic psychic phenomena such as rage, fright, pavor nocturnus, repression, depersonalization, depression, mania, patterns of anxiety, etc. They are represented as partial or entire anticipatory reproductions of biological reactions which, at the beginning of life, guaranteed survival by warding off shock.

As muscular action intensifies the homœostatic response, increased muscular activity, the prerequisite of fight and flight, is seen as a physiological defence mechanism against impending shock (hypothalamic defence). The increased motility which invalidates the threat of impending shock in the infant is the biological basis for the rage reaction, the prototype of aggressive activity. Fright corresponds to a transitory shock reaction, elicited by too sudden over-stimulation, which is immediately followed by a violent defence reaction (palpitation of the heart, heavy breathing).

Three different phases are observed in the infant's response to stress: the phase of excitation, the catatonoid phase and the phase of shock. In these responses, efferent reactions of defence against shock are progressively mixed with paralysis from shock which, unchecked, often leads to death (marasmus, hospitalism). Biologically, the catatonoid reaction is the last line of defence against shock. Thus, psychotic phenomena, like catatonia, depression, depersonalization, and the like are defined as defence mechanisms against overwhelming anxiety. A catatonoid reaction also occurs in fright (' freezing ').

Pathological variations of the stress reactions lead to a variety of anxiety processes. The ensuing inclusion of pathological anxiety in the psychic structure may lead on the one hand to psychopathological development or, on the other, when it affects the endocrine apparatus in its formative stage, to psychosomatic disorder. The economic constellation of the early infantile phase recurs in the oedipal phase. The shock reaction of this phase is represented in the pavor nocturnus attack, a catatonoid reaction during sleep. Primary repression is conceived of as a blocking of registrative perception in the catatonoid reaction.

These considerations lead to formulations concerning anticipation. In anticipation, an emergence of present needs evokes a recall of earlier experiences, together with the image of the present reality situation. Psychic phenomena, such as emotions, are seen as anticipatory reproductions of previously experienced situations, a formulation which, to the author, seems to provide the rationale for the relation between psyche and soma. The inclusion of the psychic apparatus (the sum of anticipatory systems) into the mechanism of self-regulation implies a postulation of the 'relief principle' whose function, since it is paramount in the service of self-preservation, takes precedence over that of the pleasure principle. A short discussion is devoted to the ego as the executive of the relief principle and its function of mastery, reparatory mastery, learning, etc.

Author's Abstract.

Otto E. Sperling. 'Illusions, Naive or Controlled.'

An illusion is naive if the deception either of our senses or of our minds is complete and not contradicted. On the other hand, if we permit ourselves to give in to this illusion only to a certain degree and for a limited time, and retain the ability to recognize that this is an illusion, or if we are oscillating between belief and disbelief, we are dealing with what the author would like to term a 'controlled illusion'. In the same way that we speak of frigidity or impotence in sex, so we have a right to speak of a frigidity in the arts, music, or the beauties of nature. The impoverishment of the ego in these cases is expressed by an inability to form illusions. Controlled illusions are a necessary lubricant in our civilization. They are even more important in the transference relationship, in the love of children, in adult love, and in euthanasia. Naive illusions lead to traumatic disenchantment, or to conflicts with the environment. The cases of a religious fanatic and of a Nazi are presented from the point of view of naive illusions.

It is a naive illusion to believe in absolute values. The individual derives his intrinsic values from the id and from the super-ego. Instrumental values—work, schooling, money—are characteristic of the operations of the ego. In so far as traditions and social institutions are integrated in the super-ego, there are a great number of similarities in the systems of values of people of similar origin. Yet many yield to the illusion that their system is the right one, that their values were discovered and not awarded.

If parents present their values as absolute and their children are confronted with a different system of values in school, delinquency, a continuous conflict, or a controlled illusion about the local value of both systems might ensue.

A scientist cannot be free of a value system, but he can have controlled illusions about its absoluteness. Controlled illusions are a relatively safe compromise between the reality principle and the pleasure principle. They correspond in the emotional sphere to the fictions of science or philosophy in the sphere of thinking. The addition of illusions to instinct gratifications is an example of the crowding of emotions as an expression of the life instinct in a tendency towards intensification of pleasure.

Author's Abstract.

Leo Stone. 'Psychoanalysis and Brief Psychotherapy.'

The author first attempts to establish a functional basis for the separation of psycho-analysis from other psychotherapeutic techniques, especially those which resemble it closely and which are usually based on extrapolations from it. The reasons for the desirability of this distinction are:

1. Technical variables may alter mechanisms often assumed to remain the same.
2. The development of clear-cut technical categories, with corresponding therapeutic indications, beginning with psycho-analysis itself, would be clinically advantageous.
3. Psycho-analysis should be preserved as the acknowledged scientific source for psychotherapy in general.
4. The requirements of training analysis.

Mention is made of the paradoxical position of brief psychotherapy in clinical practice and psycho-analytic training, especially of the fact that the variations from well-defined psycho-analytic technique are usually delegated to untrained or partially trained physicians. Brief critical mention is made of the extensive contributions of the Chicago Institute. The need for re-evaluation and exploitation of all psychotherapeutic methods to meet the enormous present need for treatment by all social groups is stated. The importance of a tentative broad psycho-analytic interpretation of the personality and illness, as a prerequisite of the rational employment of any therapeutic method, is stressed. Aside from the numbers of patients who cannot have psycho-analysis because of problems of time or money, there are many for whom positive indications for less intensive techniques exist. The author offers several such categories, based on his own opinions and those of other writers, ranging from those patients whose illness or life situation are too unpropitious to those whose illness is too mild, including special categories, such as certain reactive disorders, or those connected with transitional life situations.

Brief mention is made of an incipient inquiry in the New York Institute regarding the effects of technical variations. The author also states the most frequent tendencies in his own personal approach to eight typical psychotherapeutic situations. Outstanding among these are:

1. A stress on extra-therapeutic 'transference'—an alertness for isolated therapeutic transference reactions which are separate from the total patient-physician relationship.
2. A stress on current realities as background for the selective emergence of relevant phantasy or memory material.
3. The employment of interpretations which tend to integrate for the patient, in the language of everyday life, simultaneous elements from more than one psychic structure, from varying

depths, including overlapping or fused elements of defence, aggression and libido.

Two brief clinical examples are given. The importance of empirical research by psychoanalysts in the field of brief interpretative psychotherapy is stressed.

Author's Abstract.

Charles Kligerman. 'The Character of Jean-Jacques Rousseau.'

Rousseau's character is discussed with special reference to its masochistic and paranoid features. His conscious wishes to be beaten by a woman are traced back to his feminine attitude towards his father and his hostility towards his elder brother. The beating he received from Mademoiselle Lambercier when he was eight, to which Laforgue attached traumatic significance, marked the transition from the second phase ('I am being beaten (loved) by my father') to the third ('I am being beaten by a woman') of the process described by Freud in 'A Child is Being Beaten'. The first, sadistic phase ('My father is beating the child (brother) whom I hate') was repressed, and replaced by reactive solicitude and latent homosexuality.

The celebrated 'oak tree incident', when at the age of thirty-seven Rousseau had the sudden inspiration 'that man is naturally good and that it is through institutions alone that men have become wicked', is interpreted as having been due to circumstances, notably the imprisonment of his friend Diderot, which so threatened his masochistic defences that they were replaced by a paranoid system in which his hostile impulses were denied and projected on to the social order. It was asserted that man is naturally good, i.e. free from aggression.

One of the reasons why Rousseau did not become frankly psychotic was that his own personal conflicts corresponded in many ways with the conflicts of eighteenth-century society between absolute monarchy and the bourgeoisie with its ideology of equality. The fact that in Rousseau's *Weltanschauung* the idea of equality was based on a denial of instinct—his Natural Man neither standing in need of his fellow creatures nor having any desire to hurt them—has contributed to the psychological unsoundness of Western Liberalism and the instability of democratic political systems.

Charles F. Rycroft.

Bernice Engle and Thomas M. French. 'Some Psychodynamic Reflections upon the Life and Writings of Solon.'

The life and writings of Solon are discussed from the point of view of the light they can throw on some psychodynamic problems of democracy.

Solon was appointed archon of Attica at the beginning of the sixth century B.C. with extraordinary powers to reconstruct the machinery of the Athenian government which had broken down as a result of the disintegrating effect of commercial development on a previously feudal society. What had once been a benevolent aristocracy had become an oligarchy of limitless greed. In their discussion of his reforms, which included the abolition of slavery and extension of civic rights, the authors stress the high value Solon attached to self-restraint as a counterbalance to the lust for power and wealth. This is exemplified both in his writings and in his refusal to seize arbitrary power for himself and become a tyrant. If a democracy is to work its members must not only be capable of resisting despotic usurpation of power; they must also be willing to renounce their own desire for power. Solon is one of the earliest examples of such self-restraint.

The fact that Solon had to defend himself against charges of weakness on account of his refusal to seize power for himself 'illustrates a psychodynamic dilemma which confronts every democracy'. The success of democracy depends upon the maintenance of a delicate balance between excessive and insufficient inhibition of self-assertive impulses. 'A community whose members are too ready to surrender their individual interests to the general welfare becomes only too ready to succumb to the usurpations of the next tyrant.'

Charles F. Rycroft.

Sidney J. Baker. 'Autonomic Resistances in Word Association Tests.'

Baker inquires into the meaning and purpose of common hesitative interjections in the speech of testees responding to word association tests. Paraphasias, deviations and disturbances in the stream of speech such as, 'ha', 'ah', 'um', 'er', 'hmm' are interpreted as marginal linguistic resistances. Resistance in the responses of testees is also betrayed by extra-linguistic mannerisms and acts such as fidgeting, scratching, yawning, belching, coughing, sighing, laughing, borborygms and passage of flatus, as well as by the use of temporal delay. This has been noted by other analysts. Ferenczi remarked on talkativeness as a resistance and Freud recognized his patient's (Dora's) dyspnœa, coughing and aphonia as 'somatic statements' which were guides to her anxiety and resistances. Both groups of acts, the marginal linguistic (paraphasias) and the extra-linguistic, are considered involuntary processes linked by common innervation by the autonomic nervous systems.

Baker suggests that the aim of this kind of 'speech' is an aggressive attempt to resolve an intrapersonal conflict. It is designed to restore the testee's disturbed equilibrium by silencing the tester and attaining the tension-free silence which is 'the unconscious aim of all speech'.

Leon L. Altman.

Martin Grotjahn. 'The Inability to Remember Dreams and Jokes.'

The ease with which jokes and witticisms are repressed and forgotten is one of the many similarities between dreams and jokes. The loss of the forgotten joke is felt with regret. While listening to a joke, unconscious ego-alien tendencies in the listeners are freed from repression and, owing to their disguised form, may be satisfied in the moment of laughter. Later, the momentarily lifted repression is re-established and the joke forgotten. Listening to a joke is passive, telling it is an act of will, and, as such, may ask for stricter censorship. One example of a forgotten joke and its re-discovery illustrates the mechanism of wit-repression.

Author's Abstract.

Leon J. Saul. 'A Note on the Telephone as a Technical Aid.'

The telephone can be a useful adjunct to the psycho-analytic technique. This is shown in a case in which it served to overcome a resistance which was occasioned by a too intense transference reaction while the patient was in the presence of the therapist. Unable to talk in his presence, she was able to do so on the telephone. As this became well analysed, she was able to handle the transference in the interviews and improved rapidly. The telephone was resorted to because other methods had failed. Besides its value as a specific aid in the technique of analysis, it can serve merely as a means of communication to increase the analyst's services in diagnosis, referrals, and treatment.

Author's Abstract.

Reid, John R. and Finesinger, Jacob E. 'The Role of Insight in Psychotherapy.' *Amer. J. of Psychiatry*, **108,** No. 10, April, 1952, pp. 726–734.

This is a valuable discussion of the therapeutic process in psychotherapy (including psycho-analytic therapy) in which an attempt is made to clarify the meaning of insight. The authors conclude: 'With increased concern, on the part of serious workers, to record full interview materials, with the logical analysis of such materials and the consequent formulation of testable hypotheses about the relative efficacy of different forms of psychotherapy, with more critical questioning of assumptions and methods and less dogmatic theorizing about issues naively interpreted in an all-or-none fashion, with such advances in data gathering, logical thinking, and hypothesis testing, we may reasonably look forward to a time, in the not too distant future, when we can really answer the question, what is the rôle of insight in psychotherapy?'

W. Clifford M. Scott.

J. O. Wisdom. 'The Hypothesis of Cybernetics.' *The British Journal for the Philosophy of Science*, **11,** 1951, pp. 1–24.

This is a critical exposition of cybernetics. The nature of the feed-back mechanisms is explained in detail and several types of feed-back distinguished. The hypotheses of cybernetics are stated to be (i) 'that the chief mechanism of the central nervous system is one of negative feed-back' (p. 5), and (ii) that the negative feed-back mechanism explains 'purposive' and 'adaptive' behaviour. The latter is illustrated by a radar-controlled gun. Several kinds of application and confirmation are mentioned and discussed, e.g. the oscillations displayed in cerebellar disease are interpreted as effects of undamped feed-back mechanisms in the central nervous system; a homœostat is described which is capable of reorganizing itself when interfered with; the possibility that the scansion mechanism of television is the mechanism of vision is discussed; closed circuits of neurons reverberating like electronic tubes (and other analogies) are mentioned. Attention is drawn to von Bertalanffy's theory of the organism as an 'open system' and to electro-encephalography on account of their bearing on cybernetics. In the concluding evaluation it is suggested that cybernetics leaves out the mind and is in the tradition of physiology and neurology. A bibliographical note is attached.

Author's Abstract.

Alan Thompson. 'Cybernetics and Animal Integration.' *The Irish Journal of Medical Science*, July, 1951, pp. 297–303.

The main cybernetic ideas are briefly introduced. The author then gives examples from physiology and pathology that can be interpreted by means of feed-back mechanism. 'The control of the *p*H of the blood through variation in the depth of respiration, the regulation of the body temperature, and the adjustment of cardiac action and of blood pressure through the mediation of the carotid sinus, are self-regulating functions embodying negative feed-back, . . .' (p. 300). Disorders of feed-back systems are illustrated by Cheyne-Stokes breathing (negative feed-back); chronic hypertensive renal disease (positive feed-back); cerebellar incoordination; possibly also 'dysdiadokokinesia, clonus, and the spontaneous movements of Parkinsonian tremor and chorea' (p. 301). It is suggested that sleep may be a mechanism for the avoidance or correction of disorders by allowing useless electroneural reverberations to subside. The analogy is pointed out between treating a disordered machine by switching off the abnormal sub-system, disrupting permanently such a system, and giving the entire machine a shock on the one hand, and on the other treating a disordered mind by deep sedation, pre-frontal leucotomy, and E.C.T. A cautionary note is included that the whole subject is only in the stage of being a working hypothesis.

J. O. Wisdom.

D. G. MacRae. 'Cybernetics and Social Science.' *The British Journal of Sociology*, **2,** 1951, pp. 135–49.

'Cybernetics is the analytic study of the isomorphisms of communication structure in mechanisms, organisms, and societies' (p. 135). The author traces the development of the non-Newtonian concept of irreversible time-order; statistical physics, and communication engineering. The relevance of time is: 'Cybernetics is concerned with the principles that govern the maintenance of structure in time both within the organism and in its external relations' (p. 138). The relevance of statistics is, according to the author, that communication is temporal and can therefore be regarded as statistical. From this he proceeds to feed-backs, 'information', and analogies between machines and organisms.

After this preparation, the author raises his question of the relation between cybernetics and society. His view is given by: 'It is possible, for example, to re-state a good deal of post-Keynesian economics in terms of a kind of monetary Parkinsonianism. The trade cycle may be regarded as a mechanism with an excessively large feed-back, but I cannot see that there is any real advantage to be gained by the economist in this process, which partakes rather of the nature of a translation than of an analysis' (p. 145); 'I do not believe that a new science is about to develop, but I am convinced that Professor Wiener has established genuine isomorphisms between the brain and nervous processes of the organism and the conduct and structure of calculating and self-correcting automatic machinery'; 'I am very unconvinced that Professor Wiener has been able to establish helpful isomorphisms with society. . . . On the other hand, I have not the slightest doubt that attempting to think oneself into this new attitude with its new language, makes clearer the nature of a significant number of dynamic social processes' (p. 148). The author considers that cybernetics is not useful where short runs of statistical data are available: 'the small size of the population involved in even the largest human groups and the very large number of variants involved, make me certain that the language of institutional society is the correct form of discourse for dealing with the problem of communication (p. 146).

J. O. Wisdom.

D. M. MacKay. 'Mindlike Behaviour in Artefacts.' *The British Journal for the Philosophy of Science*, **2**, 1951, pp. 105–21.

Goal-directed activity of an artifact is described as minimizing the interval between its present state and its goal. All examples of this are characterized by 'circulation of information', i.e. by feed-back. A suitably designed artifact is capable of receiving, selecting, storing, and sending information, reacting to changes in its 'universe', reasoning deductively, controlling its own activity so as to further some goal, and changing its pattern of behaviour as a result of experience. These capacities are consequences of the principle that 'any pattern of observable behaviour which can be specified in terms of unique and precisely-definable reactions to precisely-definable situations can in principle be imitated mechanically' (p. 108). Further an artifact can be designed with a statistical device, so that its behaviour could not be predicted precisely but only with probability. By this means an artifact can display analogues to prejudices, preferences, originality, and capacity to learn. This is stated as a principle: 'Any pattern of observable behaviour which can be defined *statistically*, in terms of *probable* reactions to given situations, can in principle be shown by an artefact' (p. 112). Abstraction or recognition of pattern also has its analogue in artefacts. By reproducing patterns that resemble patterns of stimuli, a process here called 'replicating stimuli', an artifact has a means by which it can describe its own experience. It could even learn, it is stated, to recognize patterns it had not been built to recognize, and to form abstract hypotheses. In short the author fails 'to find any distinction in principle between the observable behaviour of a human brain and the behaviour possible in a suitably designed artefact' (p. 120). In addition he briefly considers the bearing of his results on the Cartesian concept of mind, dualism, identity of the self, and freedom of the will.

J. O. Wisdom.

W. Grey Walter. 'An Electro-mechanical "Animal".' *Discovery*, **11**, 1950, pp. 90–3.

This brief article describes an electro-mechanical 'tortoise', how it works, and the varieties of behaviour it can display. No doubt some readers have seen one of these tortoises wandering about at the Festival of Britain. It can wander in random fashion over the floor and when it meets an obstacle it sidles away. When its current runs down, it goes back to a 'hutch' where it automatically connects with charging current, and when recharged it disconnects itself and sets forth once more.

J. O. Wisdom.

'Discussion on the Treatment of Depression', March 13, 1951. *Proceedings of the Royal Society of Medicine*, **44**, 961.

Dr. W. Mayer-Gross, Department of Clinical Research, Crichton Royal, Dumfries expounds electric convulsive therapy as an effective method of treating depression, both in manic-depressive illness and involutional melancholia. But he does not discuss either the etiology of depression or the way in which he thinks E.C.T. acts to produce change. *Dr. Gerald Garmany*, Physician-in-charge of Psychiatry, Westminster Hospital, also reports successes with E.C.T. combined in many cases with psychotherapy, and he likewise does not discuss how the treatment works.

Dr. W. Clifford M. Scott, Director of the London Clinic of Psycho-Analysis, discusses the value of psycho-analysis in the understanding and treatment of depression. He begins by drawing attention to the fact that the chief contribution which psycho-analysts have made to the treatment of manic-depressive depression has been several hypotheses concerning the pathology of (*a*) abnormal depression and guilt, and (*b*) normal depression and mourning. These hypotheses point to the fact that the depressive problem lies midway between the neuroses and schizophrenia, both genetically and in regression. He points out that psycho-analysts tend to discuss experience in terms of instincts and derivatives of instinct and again in terms of object relationships and changes in object relations. He adds that while the earlier psycho-analytic instinct theories helped the understanding of neuroses, they are less helpful when applied to the psychoses. Psychoses in which ' the person as a whole ', or the attitude of the person to nearly all aspects of reality is involved, bring the psychiatrist up against the origin of and nature of the ego/non-ego division right away. Also, while the early forms of love, hate and anxiety have much to do with the creation of this division, the earliest forms of depression and guilt have even more to do with the earliest forms of development of the ego/non-ego division.

Then the author summarizes the psycho-analytic hypothesis: when extra-uterine development reaches a certain point (this point depending on maturity at birth, on intelligence and on the preceding emotional events) there occur maturation and integration both in respect to the ego and the non-ego (chiefly the mother). The ego becomes a loving, hating, and fearing ego, and the non-ego becomes both loved and loving, hated and hating, feared and frightening. Out of this integration emerges depression as an emotion. In other words, depression emerges when the infant realizes and fears that it, itself—a continuing self—can love the mother it hates (the new fear being that it will destroy the mother it loves), and at the same time realizes and fears that the mother (the one and only mother—and now a continuing mother) is both loved and loving, hated and hateful, feared and frightening, and may be more hateful than loving. The result of this emergence is usually that development proceeds and increased use is made of love to prevent the ego from hating and to prevent the mother from being hateful. But instead of progression, the result may be regression to a state of disorganization or splitting in which the loving and hating activities appear as if they were activities of different egos, and the loved and hated people, etc., appear as if they were different people. When progression does occur the ways of loving and hating change and the ambivalence may be shown in any zone—oral, anal, urethral, genital, etc. The emergence of depression occurs when the infant is still dominated by feelings of love and hate which are predominantly connected with oral satisfaction and consequently during the time when people are sources of oral satisfaction. This fact has led many psycho-analysts to try to discover evidence of characteristic constitutional features of oral ambivalence in those who show M.D. disorder. Whether the chief constitutional aspect is to be found in greater pleasure being connected with oral activities or a greater capacity to focus rage in the oral zone, or a greater capacity to change at high speed from pleasurable to hateful activities at this zone, analysts cannot say. There seems to be evidence for each possibility (Scott (1948), *Brit. Med. J.*, i, 538).

With regard to the implications of this hypothesis for treatment Dr. Scott discusses three points: (1) Meyerian psychobiological treatment; (2) convulsive treatment; (3) psycho-analytic treatment.

(1) Meyerian psycho-biological treatment in its detailed attention to all aspects of the present situation and in its view of personality as a balance between a multitude of varying factors has achieved good results. The value of the Meyerian personality study approach is in its detail—in its recognition that in a psychosis the whole personality is involved and that in treatment the multitudinous ways in which the symptomatology may be shown must be adequately handled. Treatment may be lengthy.

(2) Regardless of whether the patient has had convulsive treatment previously, during the psycho-analytic treatment of depression one may have to help the patient to cope with hate which is shown in and with the whole body to a hated person who is identified with his whole body. Dr. Scott refers to the sudden arising outbursts of murderous rage resembling epileptic furor, sudden attempts at suicide or sudden outbursts of loving which may occur, each of which may be followed by sobbing depression. The resistance against such reactions can be observed just as resistance could be seen against chemically induced convulsions, although in E.C.T. the time between stimulation and overcoming the resistance is too short to observe clinically. Some patients during psychotherapy who have had E.C.T., when near to the spontaneous convulsion-like phenomena described, remember and forget severe transfrontal pain.

(3) Manic-depressive disorders treated by psycho-analysis. Of the last 350 patients examined by Dr. Scott in private practice, 20 per cent (67) had manic-depressive disorders, with or without associated severe problems such as drug addiction and organic disease. Many patients had seen one or more psychiatrists previously, and six had had previous psycho-analytic treatment. Of the 67, 17 were advised hospital treatment and three of these were advised E.C.T. Seven were advised Meyerian psychotherapy, and 48 were advised psycho-analytic treatment. Thirty-one of these 48 received psycho-analytic treatment, 18 of these being treated by Dr. Scott. Nine had had E.C.T. or chemically induced convulsions before—one had received a series of insulin comas. These

nine were advised psycho-analytic treatment. In none of the five of these nine who accepted psycho-analytic treatment was it considered that the convulsive treatment helped the psycho-analytic treatment. In one patient during treatment the memory of the painful electrical stimulus seemed to add to the complexity of the reaction.

Two patients gave up psycho-analytic treatment to have E.C.T. One patient had had E.C.T. twice before—the first time with good result—the second time with poorer results. During the beginning weeks of psycho-analytic treatment he realized that his whole personality would become involved in the treatment and he wished to avoid the implications of radical change. The second patient had to cope with the problem of severe jealousy of his wife which increased soon after treatment began. Both he and his wife were in a bisexual conflict and his wife's demands for a quick result led to his obtaining E.C.T.

Suicidal impulses were common—in six cases treated by Scott they presented a very severe problem and in four of these murderous impulses added to the complexity of the situation.

With fourteen patients good results were obtained during psycho-analytic treatment—one has been described elsewhere (Scott (1948), *J. ment. Sci.*, **94**, 767). With four poor results were obtained—two of these have already been mentioned.

S. F. Lindsay.

NEWS, NOTES AND COMMENTS

18th International Psycho-Analytical Congress, 1953. An announcement by the Congress Administrative Committee in London will be found on page 502.

Conference Des Psychanalystes De Langues Romanes. This Conference will take place at the Clinique des Maladies Mentales et de L'Encéphale, Centre Psychiatrique Sainte-Anne, 1, rue Cabanis, Paris, under the auspices of the Société Psychanalytique de Paris on November 9 and 10, 1952. Dr. S. Nacht will be in the chair.

Topics for discussion: (1) *Theoretical*—Dr. M. Benassy on *Theories of Instincts*. (2) *Clinical*—Dr. M. Bouvet on *The Ego in Obsessional Neuroses. Object Relationship and Mechanisms of Defence.* Information from the Conference Secretary: Dr. Pierre Marty, 22 Boulevard Barbès, Paris 18.

Testimonial Dinner Tendered Dr. Clarence P. Oberndorf. A testimonial dinner in honour of Dr. Clarence P. Oberndorf was given on February 15, the eve of his seventieth birthday, at the Waldorf Astoria Hotel, New York. The dinner, attended by 350 guests, was arranged by a group of Dr. Oberndorf's close friends under the chairmanship of Drs. Dudley Schoenfeld and Sandor Lorand. Prominent among those who gathered were many leaders in the psychiatric and psycho-analytic field, co-workers of Dr. Oberndorf in his varied psychiatric and community activities and many other friends, including *alumni* of his college.

The spirit of celebration and appreciation for the guest of honour was heartily expressed by Dr. Ralph M. Kaufman, who acted as Toastmaster, and the speakers, who included Dr. Leo Bartemeier, Dr. Bernard Gluek and Mr. I. Howard Lehman.

The early pioneering work of Dr. Oberndorf in helping to introduce psycho-analysis in the United States was recalled by Dr. Bartemeier. Continuing the appraisal of the guest of honour's work, Dr. Gluek stressed his sense of responsibility as contributor and leader in psychiatry and psycho-analysis. Dr. Oberndorf's contribution to the community, especially in the field of caring for deprived children, was eloquently presented by Mr. Lehman, former President of the Jewish Child Care Association of New York. Dr. Marion E. Kenworthy graciously gave the toast of the evening.

Closing the programme, Dr. Oberndorf, in his characteristic fashion, utilized illuminating stories to portray his personal philosophy of psychiatry and psychotherapy, emphasizing the limitations as well as the accomplishments in those fields.

Two specially bound leather editions of Dr. Oberndorf's books, *The Psychiatric Novels of Oliver Wendell Holmes* and *Which Way Out* were presented to him as a token of the deep appreciation of all those present at the dinner.

P. Goolker.

Mrs. Melanie Klein—Seventieth Birthday. At the Scientific Meeting of the British Psycho-Analytical Society, on April 2, 1952, Dr. W. H. Gillespie, the President, read the following cable received by Mrs. Melanie Klein on the occasion of her seventieth birthday: ' In the name of the International Psycho-Analytic Association and its Central Executive I extend our warmest congratulations and best wishes on your birthday. We regard with deepest appreciation your outstanding contributions to important aspects of our field and your eminent position among psycho-analysts. (Signed) Heinz Hartmann, President.'

Mutual Influences in the Development of Ego and Id. The Symposium on this topic which took place at the 17th International Congress in Amsterdam last year, has not been included in this issue and will, by mutual agreement, be published in November 1952 in Volume 7 of *The Psychoanalytic Study of the Child* (edited by Anna Freud, Heinz Hartmann, Ernst Kris and Ruth S. Eissler). The Symposium was opened by Drs. Heinz Hartmann and W. Hoffer; Miss Anna Freud opened the Discussion, which was continued by Mrs. Melanie Klein, Drs. Sacha Nacht, W. Clifford M. Scott, Herman Nunberg, H. G. van der Waals, and Jacques Lacan.

PUBLICATIONS RECEIVED

(Appearance in this list does not preclude subsequent review.)

Our Age of Unreason. A Study of the Irrational Forces in Social Life. By Franz Alexander, M.D. (New York and Philadelphia: J. B. Lippincott Co., Revised Edition, 1951, pp. 338. $4.50.)

Dynamic Psychiatry. Edited by Franz Alexander and Helen Ross. (U.S.A.: The University of Chicago Press, 1952, pp. 578.)

Textbook of Psychiatry. By Eugen Bleuler. Translated by A. A. Brill. Biographical Introduction by Jacob Shatzky. (U.S.A.: Dover Inc., reissue, originally published by Macmillan, pp. 635. $7.50.)

Chronos, Eros, Thanatos. By Marie Bonaparte. (London: Published in French by Imago Publishing Co. Ltd., 1952, pp. 156. 21*s.*)

The Love and Fear of Flying. By Douglas D. Bond, M.D. Preface by General James H. Doolittle. (New York: International Universities Press, Inc., 1952, pp. 190. $3.25.)

Psychotherapy with Schizophrenics. A Symposium. Edited by Eugene B. Brody and Frederick C. Redlich. Introduction by Robert P. Knight. (New York: International Universities Press, Inc., 1952; Monograph Series on Schizophrenia No. 3; pp. 246. $4.00.)

Maternal Care and Mental Health. By J. Bowlby. (Geneva: World Health Organization, 1951; World Health Organization Monograph Series; pp. 179. 10*s.*)

Psychotherapy of Psychosis. By Gustav Bychowski. (New York: Grune and Stratton, 1952, pp. 316.)

Specialized Techniques in Psychotherapy. Edited by Gustav Bychowski and Louise Despert. (New York: Basic Books, 1952, pp. 361.)

Haunted People. Story of the Poltergeist down the Centuries. By Hereward Carrington and Nandor Fodor. (New York: E. P. Dutton & Co., Inc., 1951, pp. 225. $3.50.)

The Homosexual in America. A Subjective Approach. By Donald Webster Cory. Introduction by Albert Ellis, Ph.D. (New York: Greenberg, 1951, pp. 326. $4.00.)

Man Into Wolf. An Anthropological Interpretation of Sadism, Masochism and Lycanthropy. By Robert Eisler. Introduction by Sir David K. Henderson. (London: Routledge & Kegan Paul, Ltd., 1951, pp. 286. 21*s.*)

The Psychoanalytic Study of the Child. Vol. VI. Managing Editors: Ruth S. Eissler, Heinz Hartmann, Anna Freud, Ernst Kris. (New York: International Universities Press Inc., 1951, pp. 398. $7.50. London: Imago Publishing Co. Ltd., 1952. 40*s.* Copyright: International Universities Press Inc., 1951.)

Die Grenzen der Psychotherapie. By G. Ewald. (Stuttgart: Georg Thieme Verlag, 1952, pp. 36. DM 3.30.)

The Scientific Study of Personality. By H. J. Eysenck. (London: Routledge & Kegan Paul Ltd., 1952, pp. 320. 30*s.*)

New Approaches to Dream Interpretation. By Nandor Fodor. (New York: The Citadel Press, 1951, pp. 384. $5.00.)

Patterns of Sexual Behavior. By Clellan S. Ford and Frank A. Beach. Introduction by F. A. E. Crew. (London: Published for *The Practitioner* by Eyre & Spottiswoode, 1952, pp. 307. 22*s.* 6*d.*)

Fight Against Fears. By Lucy Freeman. Introduction by George S. Stevenson, M.D. (London: Victor Gollancz Ltd., 1952, pp. 287. 12*s.* 6*d.*)

The Expectation of Mental Infirmity in a Sample of the Danish Population. By Kurt H. Fremming, M.D. (London: Cassell & Co. Ltd., 1951; Occasional Papers on Eugenics, No. 7; pp. 53. 3*s.* 6*d.*)

Totem and Taboo. Some Points of Agreement between the Mental Lives of Savages and Neurotics. By Sigmund Freud. Authorized Translation by James Strachey. (London: Routledge & Kegan Paul Ltd., 1950, pp. 172. 14*s.*)

On Dreams. By Sigmund Freud. Newly translated by James Strachey. (London: The Hogarth Press and The Institute of Psycho-Analysis, 1952; The International Psycho-Analytical Library, edited by Ernest Jones, M.D., No. 42; pp. 80. 9*s.* 6*d.*)

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ERRATA

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Page 3, 2nd column, last but one paragraph, 1st line: Instead of *Object-attitudes including emphatic compassion* read: *Object-attitudes including empathic compassion.*

Page 55, 2nd column, 6th line: Instead of *British Psychological Society* read: *British Psycho-Analytical Society.*

Page 56, 2nd column, last paragraph, 2nd line: Instead of *Cassels Hospital* read: *Cassel Hospital.*

Page 247, last line: Instead of *Roger Honey-Kyrle* read: *Roger Money-Kyrle.*

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